

Masterscriptie

Who wants to live forever

The reconfiguring of the experiences of time caused by
HIV/AIDS as visualized in fiction films

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1 Introduction

With this thesis, my aim is to contribute to the so-called 'temporal turn' in queer studies by focusing on the temporal dimensions of the experience of living with HIV/AIDS, using both queer studies and medical humanities theories on the lived experience of living with a chronic disease as theoretical framework. By applying this framework on feature films about HIV/AIDS, I will be able to analyze the rich temporal dimensions that can be found in this source material, which handles and conveys temporality in unique, medium-specific ways.

1.1 Importance of research, problem statement and theoretical framework

In this thesis, I join the theoretical discussion, in queer studies, that focuses on the lived temporalities experienced by people living with HIV/AIDS, or living with the threat of HIV/AIDS during and after the AIDS crisis. This discussion mainly takes place in the margins of queer theories on temporality – the latter being a subject that has resulted in a rich body of queer studies.¹ While many authors mention the influence of HIV/AIDS on different temporal structures, HIV/AIDS in its relation to temporality is only rarely the main subject of a study.²

1.1.1 Context and importance of research

What is known as 'the AIDS crisis' is the rapid spread of the HIV-virus that took place from 1981 until 1996 in different minority groups in the US and in Europe, especially amongst queer men,³ I.V. drug users and sex workers. This definition of the AIDS crisis does not take into

¹ Tim Dean speaks of a 'temporal turn' in queer studies, while Elizabeth Freeman suggests that 'temporality has inflected queer theory from its outset.' Cf.: Tim Dean, 'Bareback time' in: E.L. McCallum en Mikko Tuhkanen red., *Queer times, queer becomings* (New York 2011) 75-99, aldaar 76.

² Notable exceptions are: Leo Bersani, 'Is the rectum a grave?', *October* 43 (1987), 197-222; Steven Bruhm, 'Still here. Choreography, temporality, AIDS' in: McCallum en Tuhkanen red., *Queer times, queer becomings*, 315-332; Dean, 'Bareback time'; Douglas Crimp, 'Mourning and militancy' in: Idem, *Melancholia and moralism. Essays on AIDS and queer politics* (Cambridge, MA, 2002) 128-149.

³ I will use the term 'queer' when referring to people who either self-identify as queer, homosexual or gay and/or engage in homosexual behaviour. One of the reasons for doing so is the accordance of this term with 'queer studies', in which non-heteronormative structures are analysed from the perspective of gender studies. Another reason for using the term 'queer' is the historical reappropriation of this

account the persistent lack of access to medication of people belonging to other minority groups or living elsewhere in the world, especially in Africa. While the Eurocentric definition of the term 'AIDS crisis' discourages the use of this term when it comes to understanding the global diversity of AIDS crises, my research corpus in this thesis focuses on the former geographical and temporal demarcation of the AIDS crisis (see below), which is why I will stick to this terminology.

Queer theorist Jack Halberstam asserts that '[q]ueer time emerges perhaps most spectacularly, at the end of the twentieth century, from within those queer communities whose horizons of possibility have been severely diminished by the AIDS epidemic.'⁴ Indeed, depending on the specific cultural and historical point of view, AIDS can either be understood as a 'death sentence' or as a chronic disease; both definitions imply a drastic reconfiguration of one's lived experience of time.⁵ Furthermore, 'the social stigma attached to AIDS, the young age of the deceased as well as the bereaved [and the] bereavement overload', as well as 'the loss of health and changes in physical appearance, (...) loss of employment [and] loss of sexual relationships [and] friends' all complicate the temporality of those who lived at the front zone of the AIDS crisis.⁶ Queer theorists Stuart Marshall and Leo Bersani⁷ understand AIDS at the same time as a biological reality *and* a cultural construct, drawing on the idea, common in the humanities, that '[i]nterpretations (...) do not so much *inform* as *perform*'.⁸ The temporalities that are hidden in the different narratives on AIDS, then, are also performed through the lived experiences of those living with AIDS.

word by AIDS activists in the late 1980s. While queerness has always been used to refer to non-normative kinds of behaviour, its reappropriation by AIDS activists was used to take a stance against the assimilationist politics of self-identified 'gay' men, who fought for access to heteronormative structures such as marriage and adoption. I will, however, also apply the term 'queer' when speaking of fiction characters that strive for precisely this assimilationist stance the queer activists from the 1980s and 1990s opposed. While those characters would not necessarily self-identify as queer, their sexuality always puts them apart, in one way or another, from normative society. The fact that they try to assimilate into heteronormative structures thus point at the fact that they do not fit it from the start; their queerness, as being-apart-from-heteronormativity, is here an objective fact instead of an articulation of their self-image and political stance. This means I use the term 'queer' both to refer to people who self-identify as queer (against assimilationist politics), as well as to people who are defined by (the internalized narrative of) others as an outsider.

⁴ Jack Halberstam, 'Queer temporality and postmodern geographies' in: Idem, *In a queer time and place. Transgender bodies, subcultural lives* (New York and London 2005) 1-21, aldaar 2.

⁵ Dean, 'Bareback time'.

⁶ Craig Demmer, 'Grief and survival in the era of HIV treatment advances', *Illness, Crisis & Loss* 8 (2000) afl.1, 5-16, aldaar 5.

⁷ Stuart Marshall, 'The contemporary political use of gay history: The Third Reich' in: Bad Object-Choices ed., *How do I look? Queer film and video* (Seattle 1991) 65-101; Bersani, 'Is the rectum a grave?'

⁸ Bruno Latour and Steve Woolgar, quoted in: Paula A. Treichler, 'AIDS, homophobia, and biomedical discourse: An epidemic of signification', *October* 43 (1987), 31-70, aldaar 52.

In contrast with those queer accounts of the relation of the experience of HIV/AIDS and temporality that emphasize anarchistic or potentially revolutionary modes of being,⁹ Halberstam asserts that 'the experience of HIV for heterosexual and queer people of color does not necessarily offer (...) [a] reinvention of conventional understandings of time', suggesting that 'to entertain a truly radical political practice' is a privilege which 'poor people and people of color' cannot always afford.¹⁰ While Halberstam sees all kinds of temporal structures and has an eye for the experience of normative, as well as non-normative temporalities,¹¹ it is remarkable that he understands the experience of HIV/AIDS as a purely political one, influenced by the intersection of parameters such as one's gender, sexuality, race, geographical position and class. This means that temporalities are seen as 'practices and structures' that derive from, oppose, as well as sustain, one's culturally negotiated position(s) in society.¹² Even when queer theorist Lee Edelman argues that non-heteronormative temporalities are cast 'outside the political domain' and are thus excluded from the 'the logic within which the political itself must be thought',¹³ he understands those queer temporalities exclusively in their relation to the political framework 'of reproductive futurism'.¹⁴

This stance, however interesting it may be, fails to see that the experience of a (chronic) disease itself has already the possibility to radically change one's experience of time. Indeed, 'being sick is a political experience'¹⁵ – but that's not all there is to living with a disease: being sick is also, quite unsurprisingly, about the lived bodily experience of illness, which cannot be reduced to mere political experience.¹⁶ This is why, in this thesis, I would like to confront those queer understandings of different temporalities with the temporal structures Tanisha Jowsey distinguishes in her 2016 overview of medical humanities theories of temporality in people living with a chronic disease.

⁹ Most of those theories, as listed in note 2, are related to what is commonly understood as 'the antisocial thesis' in queer studies. This 'antisocial thesis', itself drawing on psychoanalytic theories of Freud and Lacan, recognizes in queerness 'a potentially revolutionary inaptitude (...) for sociality as it is known' and thus understands queer sexualities in their potential to reconfigure what it means to be, and to be social, in contemporary society. Cf. Leo Bersani, quoted in: R.L. Caserio, L. Edelman, J. Halberstam, J.E. Muñoz and Tim Dean, 'The Antisocial Thesis in Queer Theory', *PMLA* 121 (2006) afl.3, 819–828, aldaar 819. <http://www.jstor.org/stable/25486357>

¹⁰ Halberstam, 'Queer temporality and postmodern geographies', 3-4.

¹¹ Ibidem, 5.

¹² Ibidem, 4.

¹³ Lee Edelman, *No future. Queer theory and the death drive* (Durham en Londen 2004) 2.

¹⁴ Ibidem, 3.

¹⁵ Corinne Lajoie en Emily R. Douglas, 'A crip queer dialogue on sickness', *Puncta* 3 (2020) afl.2, 1-14, aldaar 6. <https://doi.org/10.5399/PJCP.v3i2.1>

¹⁶ Ibidem, 6-7.

While chronic diseases are extremely divergent in terms of their 'physiological, biological, and pathological properties', they all share at least one aspect: their existence and development in, and their reconfiguration of the experience of, time. Following the definition given by Jowsey, chronic diseases are 'health problems that require ongoing management over a period of years or decades'. People living with a chronic disease experience new temporal structures and attribute different meanings to those experiences than healthy people, 'or even the people with an acute illness', do.¹⁷ Thus, it can be argued that every experience of living with a chronic disease results in the experience of time as 'queered', by which I mean a temporal experience that is not considered 'normal'.

Temporality, then, is not only a political structuring or an ideological and normative narrative sequence, but also a lived experience which 'happens' in every individual and which can be understood as the effect of the negotiation between one's bodily sensations, the idea of one's identity and the structural narratives of culture, and thus between biological, social, cultural, and political structures. In the words of queer theorist Elizabeth Freeman, bodies 'come to "matter" through kinetic and sensory forms or normativity, modes of belonging that make themselves felt as a barely acknowledged relief to those who fit in, while the experience of not fitting in often feels both like having the wrong body and like living in a different time zone.'¹⁸ Freeman insists on the lived experience of temporality, in all its 'messiness', by criticizing Lee Edelman for the abstract and 'negative' view articulated in his influential 'antisocial' study *No future*. Edelman's theoretical stance is considered 'negative' because he understands queerness as a refusal of the cultural glorification of the idea of progress and the future, embodied in 'the Child'. This theory is, however, abstract, since it analyses queerness as a concept rather than as an empirical reality.¹⁹

While I will take into account several different interpretations of temporality, both informed by medical humanities theories and queer studies, Freeman's assertion that temporality can be understood as a lived experience will form the starting point of my thesis.

¹⁷ Tanisha Jowsey, 'Time and chronic illness: a narrative review', *Quality of Life Research* 25 (2016) 1093-1102, aldaar 1093. <https://doi.org/10.1007/s11136-015-1169-2>

¹⁸ Elizabeth Freeman, *Time binds. Queer temporalities, queer histories* (Durham en Londen 2010), 172.

¹⁹ Ibidem, xxi. Edelman's theory has engendered many reactions in queer studies. In this thesis, I will take into account a whole range of reactions on Edelman's theory next to Edelman's theory itself – going from a rearticulation of queerness as an engagement with a utopian future (Muñoz) over a melancholic reinterpretation (or reiteration) of a specific past (Love; Freeman; Halberstam). For a short overview of the different theoretical positions of several theorists, see: R.L. Caserio e.a., 'The antisocial thesis in queer theory'.

As a disclaimer, it should be noted that I do not wish to confirm the historically and geographically demarcated interpretation of AIDS as a 'gay disease' by making use of queer studies to interpret the experiences of people living with HIV/AIDS. Instead, I argue that queer studies also help me to understand those cases in which the link between one's (homo)sexuality and seropositive status are not at stake: the combination of medical humanities theories and queer studies of temporalities helps me to understand how HIV-positive people of every sexuality can live with and in temporal structures that are considered deviant, strange or, indeed, 'queer'.

To understand the lived experience of people with HIV/AIDS, I suggest that we should not only focus on the experiences associated specifically with a terminal disease, but also make use of aspects of medical humanities studies concerning the experience of living with a chronic disease. Some theorists emphasize the lived experience of AIDS before 1996 as 'a surefire death sentence' and after 1996 as 'a chronic manageable disease' (by which it is not meant that the reality AIDS before 1996 could be equated with death, only that it was experienced and interpreted that way by many people).²⁰ While it is certainly true that the discovery of an effective combination treatment against HIV/AIDS in 1996 changed the life of (mainly Western) seropositive people drastically, as it did with their experience of temporality, I suggest that the phenomenology of AIDS in general, including today, always *also* involves aspects of living with a chronic disease. In most cases, living with HIV/AIDS – even at a time when to most people, the disease indeed was terminal – involves several moments in which the health of the person living with it could 'temporarily (...) be managed', after which another health break-down occurred.²¹

This characteristic development of AIDS – sometimes called a 'see-saw movement' or compared to the movements of the dance macabre in which a person moves forward and collapses in a 'vacillating rhythm'²² – makes the patient live through several divergent phases and symptoms, phases which can be suspended during a longer time or can suddenly give way to a new outbreak of another AIDS-related disease of which the outcome is, once more, uncertain. Furthermore, a person could live for many years as HIV-positive in 'a temporality of pre-sickness'²³ before developing any AIDS-related symptoms, or never develop full-blown

²⁰ Dean, 'Bareback time', 79.

²¹ Bruhm, 'Still here', 322-328.

²² Ibidem.

²³ Joshua St. Pierre, 'Living with chronic pain', *Puncta* 3 (2020) afl.2, 30-32, aldaar 31.

AIDS at all. This uncertainty of the (outcome of the) process related to HIV/AIDS and the suspended phases of living with HIV/AIDS make me understand the lived experience of HIV/AIDS by making use of aspects that are thought of as characteristic for the phenomenology of living with a chronic disease, involved as they are with all the new temporalities people living with a chronic disease experience.

1.1.2 Problem statement

These considerations bring me to the following problem statement:

Main question

To what extent and how does fiction film about HIV/AIDS meaningfully visualize and challenge the reconfiguring of the experiences of time caused by HIV/AIDS?

Sub-questions

- What is the relation between fiction films on HIV/AIDS and the historical AIDS crisis?
- How is temporality in relation to HIV/AIDS understood in the works of queer theorists and in the work of medical humanities theorists?
- How can films communicate and challenge someone's experience of time?
- How is temporality in relation to HIV/AIDS visualized in fictional films and series?
- How can those images of time be understood in relation to both queer and medical humanities/phenomenological theories on temporality in the experience of people living with HIV/AIDS?

1.1.3 Theoretical framework

The chapters and sub-chapters of this thesis will follow several temporal structures that I consider to be specific to the experience of living with HIV/AIDS as it is visualized in the films.²⁴ I will apply the different temporal categories Jowsey distinguishes in her overview of medical humanities studies of temporality in people living with a chronic disease²⁵ on the temporal structures I see in the AIDS films.²⁶ This means that the two overarching chapters of my thesis, 'Contamination time' and 'Illness time', will be structured partly by the temporal categories mentioned below.

Jowsey interprets 'four key interconnected temporal structures that significantly contribute to our understanding of how chronic illnesses are experienced': 'calendar and clocked time', 'biographical time', 'past-present-future time' and 'inner time and rhythms'.²⁷ Jowsey understands 'calendar and clocked time' as '[t]he most salient temporal structure that people in Western societies perceive and utilize': this 'socially understood temporal construct' is 'a linear motion' that is 'used to measure how long activities (...) take', how those activities

²⁴ Which does not mean, of course, that people with other chronic illnesses do not experience the same temporal structures, nor that people living with HIV/AIDS exclusively experience those kinds of temporality.

²⁵ As phenomenologists of 'sickness' Corinne Lajoie and Emily R. Douglas explain, '[m]ost traditional phenomenological approaches to illness' make a distinction between 'illness' and 'disease', in which disease focuses on the empirically observed, 'medically diagnosed' disease, while illness focuses on the lived experience of the patient – a distinction which joins with that other phenomenological distinction between 'Körper' (the body as a biological entity) and 'Leib' (the body as lived experience). Lajoie and Douglas propose 'sickness' as a term that overcomes this distinction by highlighting 'the intersubjective phenomenology of our social and material lives, including the ways in which experiences of bodily difference are framed by systems of power'. Cf. Lajoie en Douglas, 'A crip queer dialogue on sickness', 2, 6-7.

²⁶ Medical humanities theorist Yanqiu Rachel Zhou also distinguishes several temporal structures: 'linear time', 'relational time' and 'reconstructed time'. Zhou's use of 'linear time' as a category is, however, problematic, since it already takes the perception of time as linear as a norm. Similarly, Zhou's interpretation of 'reconstructed time' focuses on what Jowsey calls 'biographical time' while only taking into account the individual's re-interpretation of their own past, thus ignoring the interrelatedness of images of one's own past *and* future. Finally, Zhou's interpretation of 'relational time' combines different structures of 'social time' without making clear distinctions between cultural expectations and, for example, culturally instituted ways to measure time, such as clocks and calendars. Since Jowsey's interpretations of the different temporalities are both more in-depth and simultaneously take more aspects of one's lived experience into account, I will follow the temporal categories as suggested by Jowsey. Cf. Yanqiu Rachel Zhou, 'The phenomenology of time: Lived experiences of people with HIV/AIDS in China', *Health* 14 (2010) afl.3, 310-325, aldaar 315-318.
<http://dx.doi.org/10.1177/1363459309358596>

²⁷ Jowsey, 'Time and chronical illness', 1094.

interact with social expectations and activities and which value this measured time can be assigned.²⁸

'Biographical time' is the anticipated as well as retrospective relation between 'the rhythm of the social world' and the course of one's own life 'along the lines of the established temporal rhythms' of society. A chronic disease can be the source of what is named 'biographical disruption', as well as 'biographical reinforcement': the individual as well as the group identity of people living with a chronic disease are reinterpreted by means of narratives that enhance specific elements of their identity while making other elements (retrospectively) less important.²⁹

'Past-present-future time' is closely related to biographical time, but transcends this former narrative by not focusing on identity. This category includes the temporal structures people apply on themselves and on the world and is heavily informed by the social narratives people live by and through.³⁰ While Jowsey does not elaborate this category in detail, I consider past-present-future time to be very important: I understand it as the complex relation between the ideological and normative dimensions of temporal structures and narratives and the way people apply those on their own interpretation of the world.

Finally, 'inner time and rhythms' considers the temporal structures of the body, for example in its need for sleep and food. Jowsey understands those bodily needs as 'inner rhythms'; she further mentions 'inner time' without elaborating this concept.³¹ Inner time, however, could be understood by making use of Henri Bergson's concept 'duration' [*la durée*]: distinct from temporal structures that can be measured in their relation to external objects, such as clocks and calendars as well as other people's actions and cultural frames, duration is time as lived change, as the experience of consciousness itself. Duration is 'phenomenological [sic] time': a purely subjective understanding of time, which is essentially non-linear and understands the present as being continually invaded by both past and future.³² I consider this concept very important for this thesis since it heavily influenced several film theorists, such as

²⁸ Idem, 1094-1095.

²⁹ Idem, 1095-1096; Danièle Carricaburu en Janine Pierret, 'From biographical disruption to biographical reinforcement: the case of HIV-positive men', *Sociology of Health & Illness* 17 (1995) afl. 1, 65-88, aldaar 80-85.

³⁰ Jowsey, 'Time and chronical illness', 1096-1097.

³¹ Idem, 1097-1098.

³² Graig Uhlin, 'Film rhythm and the aporetics of temporality', *Quarterly Review of Film and Video* 36 (2019) afl.2, 104-124, aldaar 107 en 115. <https://doi.org/10.1080/10509208.2018.1492820>

Gilles Deleuze and Matilda Mroz, aspects of whose theories I will apply on my analysis of AIDS films.³³

While I will address all of the above-mentioned temporalities, as well as their AIDS-specific aspects separately, it will become clear that they are all more or less interconnected, thus causing me to return several times to the same film scene or elaborating similar temporal concepts through a slightly different framework. The division of those temporalities is only provisional and is used here for the sake of clarity; in actual, as well as in fictional experience, temporalities get mixed up all the time.

1.2 The historical AIDS crisis in relation to fictional films and series on this subject

As film theorist Gilles Deleuze argues, cinema 'always entails both "subjective" and "objective" perspectives' and frequently shows us situations from a 'nonhuman' or even uniquely cinematic point of view; indeed, it is argued by other film theorists that film can offer us access to a perspective of the world that is at the same time bodily as well as mentally, psychologically and culturally informed.³⁴ Since the interrelatedness of bodily and cultural aspects on someone's lived experience of illness is exactly my focus in this thesis, film is a complex, yet fascinating source to draw upon to get into view all kinds of different structures of human experience.

Unlike the starting point of most publications that focus on the image of HIV/AIDS in film, I have chosen to differentiate between fiction (feature) films, short films and documentaries.³⁵ In this thesis, I will focus on feature films that visualize AIDS rather than on documentaries or short films. An analysis of both documentaries and short films should take into account a whole range of other theories, for example on the different representational modes of documentary, on cultural memory-building in archives and on the psychological

³³ Gilles Deleuze, *Cinema I: The movement-image* (herz. paperbackeditie; Camden 2013 [1983]); Deleuze, *Cinema II: The time-image* (herz. paperbackeditie; Camden 2013 [1985]); Matilda Mroz, *Temporality and film analysis* (Edinburgh 2012); Uhlin, 'Film rhythm and the aporetics of temporality'; Lourdes Esqueda Verano en Efrén Cuevas Álvarez, 'Cinema as change mummified: Objectivity and duration in André Bazin's theory', *L'Atalante* 26 (2018) afl.2, 169-180.

³⁴ Daniel Yacavone, 'Film and the phenomenology of art: Reappraising Merleau-Ponty on cinema as form, medium, and expression', *New Literary History* 47 (2016) 159-186, aldaar 180-181.

³⁵ Jih-Fei Cheng, 'How to survive: AIDS and its afterlives in popular media', *Women's Studies Quarterly* 44 (2016) afl.1 en 2, 73-92; Kylo-Patrick R. Hart, *The AIDS movie. Representing a pandemic in film and television* (Abingdon 2000); Shayne Pepper, 'Subscribing to governmental rationality: HBO and the AIDS epidemic', *Communication and Critical/Cultural Studies* 11 (2014) afl.2, 120-138. <http://dx.doi.org/10.1080/14791420.2014.882516>; Didier Roth-Bettoni, *Les années sida à l'écran* (Cassaniouze 2017).

effects of autobiographical narratives, which are points of view I will refrain from using here.³⁶ An interesting point on feature films, furthermore, is that the camera generally is 'with' the character in a 'cinematographic *Mitsein*'. This 'semi-subjective image' enables the viewer to interpret the whole film, understood as the combination of camera movement, montage and (both verbal and non-verbal) narrative, as the transformed, accessible perception of the character.³⁷

It should be noted, however, that by refraining from using documentaries on AIDS, my selection of films necessarily focuses on 'Western' (American, European and Australian) films; most African films on AIDS, for example, tend to take the form of 'creative documentary' and/or short film.³⁸

Hereafter, I will shortly reflect on the state of the art of the worldwide spread of HIV/AIDS and introduce some medical terms that will be used throughout this thesis, followed by an elaboration of the definition and context of AIDS films.

1.2.1 State of the art: HIV/AIDS worldwide

The Joint United Nations Programme on HIV/AIDS (hereafter: UNAIDS) coordinates the global response to HIV/AIDS, providing 'the strategic direction, advocacy, coordination and technical support needed to catalyze and connect leadership from governments, the private sector and communities to deliver life-saving HIV services' since their inception in 1994.³⁹ Nowadays, UNAIDS focuses on 'the removal or non-enforcement of laws that target people from key populations and concerted efforts to end HIV-related stigma and discrimination are high priorities. Stronger accountability for health-care providers can help stop stigmatizing behaviors at health facilities. Promoting gender equality and confronting sexual and gender-

³⁶ Cf. Bill Nichols, 'Documentary modes of representation' in: Idem, *Representing reality. Issues and concepts in documentary* (Bloomington en Indianapolis 1991) 32-75; Alexandra Juhasz, *AIDS TV. Identity, community, and alternative video* (Durham 1995); Elisabet Björklund en Mariah Larsson ed., *A visual history of HIV/AIDS: Exploring the face of AIDS film archive* (Abingdon 2019); Marika Cifor, *Viral Cultures: Activist archiving in the age of AIDS* (Minnesota 2022).

³⁷ Gilles Deleuze, *Cinema I: The movement-image*, 80-81.

³⁸ See, for example, this list of (Southern) African films on HIV/AIDS, which consists mainly of 'creative documentaries': Lucia Sacks, 'AIDS films, Southern Africa', *Passages*, June 2005. <https://quod.lib.umich.edu/p/passages/4761530.0010.024/--aids-films-southern-africa?rgn=main;view=fulltext>, laatst geraadpleegd op 28 maart 2022.

³⁹ 'About. Saving lives, leaving no one behind', UNAIDS. <https://www.unaids.org/en/whoweare/about>, laatst geraadpleegd op 21 augustus 2023.

based violence will [also] make a difference.⁴⁰ As the medical approach to HIV/AIDS keeps evolving, the worldwide '[a]ffordability of new health technologies is an ongoing challenge' for UNAIDS, who keep on trying to give more people access to better health care and prevention.⁴¹ As such, 'UNAIDS is leading the global effort to end AIDS as a public health threat by 2030'.⁴²

In their mission to shape and monitor the response to HIV/AIDS, UNAIDS regularly publishes reports on the spread and treatment of HIV/AIDS. In their 2023 report, UNAIDS states that 'today, 29,8 million of the 39 million people living with HIV globally are receiving life-saving treatment', while '[a]ccess to antiretroviral therapy has expanded massively in sub-Saharan Africa and Asia and the Pacific, which together are home to about 82% of all people living with HIV'.⁴³ A global information site about the treatment of HIV sums up the key points of present-day treatment:

The treatment for HIV is called antiretroviral therapy (ART). ART involves taking a combination of HIV medicines (called an HIV treatment regimen) every day.

ART is recommended for everyone who has HIV. People with HIV should start taking HIV medicines as soon as possible. ART cannot cure HIV, but HIV medicines help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.

A main goal of HIV treatment is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partners through sex.⁴⁴

Another aspect of present-day treatment is the strong focus on the prevention of seroconversion. The latter term means the development from not having antibodies to HIV

⁴⁰ *2023 UNAIDS Global AIDS Update. Executive summary*. UNAIDS (2023), 15.

⁴¹ *Ibidem*, 16.

⁴² 'About. Saving lives, leaving no one behind', *UNAIDS*.

⁴³ *2023 UNAIDS Global AIDS Update*, 8.

⁴⁴ 'HIV treatment: the basics', *HIVinfo*, 16 augustus 2021. [https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-basics#:~:text=treatment%20for%20HIV%3F-The%20treatment%20for%20HIV%20is%20called%20antiretroviral%20therapy%20\(ART\).,HIV%20live%20longer%2C%20healthier%20lives.](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-basics#:~:text=treatment%20for%20HIV%3F-The%20treatment%20for%20HIV%20is%20called%20antiretroviral%20therapy%20(ART).,HIV%20live%20longer%2C%20healthier%20lives.), laatst geraadpleegd op 21 augustus 2021.

and thus being HIV-negative, to having such antibodies and becoming HIV-positive.⁴⁵ Preventing people to become seropositive has many different aspects, such as global prevention programs that focus on the fight against (gender) inequalities ‘along with violence, stigma, discrimination and harmful laws and practices.’⁴⁶ Prevention programs also have a strong medical side that focus on giving people access to condoms, but also to therapies such as PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis). PrEP, introduced in 2012, is medicine taken to prevent getting HIV. It ‘reduces the risk of getting HIV from sex by about 99%’, as well as reducing ‘the risk of getting HIV from injection drug use by at least 74%.’⁴⁷ PrEP can be taken either on daily or on periodic terms, although only men can follow the periodic scheme of PrEP. ‘Women and trans women taking hormones should follow the daily scheme, or a scheme that schedules PrEP intake for at least 7 days prior and 7 days after sexual contact.’⁴⁸ PEP, on the other hand, is an emergency treatment, which means taking medicine to prevent infection with HIV after a possible exposure to the virus. In the light of this thesis, it is interesting to note that both PrEP and PEP treatments involve a high emphasis on temporal (measurable) aspects, such as the importance of continuity with regards to the intake of the medicine, and the exact amount of hours that should be in between taking PrEP pills and having sexual intercourse.⁴⁹

Another temporal aspect regarding present-day PrEP treatment is the practical impossibility to get immediate access to the medicine: in most Western countries, one has to be screened first in specialized HIV-centers. Furthermore, recent information from the Belgian Union of Pharmacists [Apothekersbond] shows that the current obligation for people taking PrEP to have a medical check-up in HIV-centers each three months increases the pressure on those centers, resulting in long waiting lists for people who consider to start with PrEP treatment.⁵⁰

⁴⁵ ‘What is seroconversion?’, *John Hopkins Bloomberg School of Public Health*, <https://www.jhsph.edu/research/centers-and-institutes/acute-and-early-seroconverter-studies/faqs.html>, laatst geraadpleegd op 10/07/2023.

⁴⁶ *2023 UNAIDS Global AIDS Update*, 12.

⁴⁷ ‘Pre-Exposure Prophylaxis’, *Centers for Disease Control and Prevention*. [https://www.cdc.gov/hiv/risk/prep/index.html#:~:text=Pre%2Dexposure%20prophylaxis%20\(or%20PrEP,use%20by%20at%20least%2074%25.](https://www.cdc.gov/hiv/risk/prep/index.html#:~:text=Pre%2Dexposure%20prophylaxis%20(or%20PrEP,use%20by%20at%20least%2074%25.), laatst geraadpleegd op 21 augustus 2023.

⁴⁸ ‘About PrEP’, *Institute of Tropical Science Antwerp*. <https://www.itg.be/en/clinics/service/hiv-prep-pre-exposure-prophylaxis#:~:text=There%20are%20two%20different%20schemes,7%20days%20after%20sexual%20contact.>, laatst geraadpleegd op 22 augustus 2023.

⁴⁹ *Ibidem*.

⁵⁰ Gianni Paelinck, ‘Verkoop van PrEP, dat preventief beschermt tegen hiv, in drie jaar tijd bijna verdubbeld’, 22 augustus 2023, *VRT NWS*. <https://www.vrt.be/vrtnws/nl/2023/08/21/prep-gebruik/>, laatst geraadpleegd op 22 augustus 2023.

1.2.2 What is an AIDS film?

I consider a film to be 'about' AIDS when it explicitly addresses HIV/AIDS in both its narrative and images; the film needs one or more characters whose actions are directly influenced by AIDS. This means that I will not analyze films that are understood to be metaphorical images on AIDS, such as Todd Haynes' *Poison* (1991).⁵¹ I will not take into account films that only mention AIDS in dialogue without visualizing it or the other way round. I will focus on films that communicate the experience of living with (the threat of) HIV/AIDS.⁵²

My definition of an AIDS film does not follow the definition suggested by Kylo-Patrick Hart in his study *The AIDS Movie* because I consider his definition too narrow. In demanding an AIDS movie to feature 'at least one character who either (1) has been infected with HIV, (2) has developed full-blown AIDS, and/or (3) is grieving the recent death of a loved one from AIDS', Hart does not take into account the anxiety which the idea of (contamination with) HIV can evoke, even when the characters prove to be HIV-negative in the end.⁵³ Following the analysis of queer theorist Tim Dean, I suggest that this 'subjective anxiety', caused by a general uncertainty about HIV, is an important aspect of the present-day experience of sexual relations.⁵⁴ While not many films address this specific anxiety, I still consider it too important to be excluded from my analysis.

⁵¹ This applies to most New Queer Cinema films. While many filmmakers that are associated with this independent film movement react in their work on the AIDS crisis, few of their fiction films actually address AIDS explicitly; Bill Sherwood's *Parting Glances* (1986) and Gregg Araki's *The Living End* (1992) are notable exceptions, of which I will take the latter into account in this thesis. Cf. Gary M. Kramer, 'Bad times make great art: The AIDS crisis and the New Queer Cinema', *Salon*, 11 februari 2017. <https://www.salon.com/2017/02/11/bad-times-make-great-art-the-aids-crisis-and-the-new-queer-cinema/>, laatst geraadpleegd op 31 augustus 2022. See also note 61.

⁵² For this reason, I will not take into account purely satirical films, such as Rosa von Praunheim's *Ein Virus kennt keine Moral* (1986).

⁵³ Hart, *The AIDS movie*, 9.

⁵⁴ Dean, 'Bareback time', 76.

1.2.2 The historical context of AIDS films

From the early years of the AIDS crisis, television and film have been primary means to explain HIV/AIDS to the (American) public and to 'direct individual practices through internalization'.⁵⁵ For queer filmmakers and their own community as well as for a more conservative audience, the connection between images and narrative that film offers has been used to try to control both their own self-images as well as the broader public opinion. But AIDS is not only present in contemporary films from the eighties and nineties: many present-day films and series discuss the topic, both in historical pieces about the eighties and nineties as in stories about what AIDS nowadays means.⁵⁶

Even though the HIV-virus is a potential threat to everyone, works of fiction still focus mainly on the experience of AIDS in queer communities. This point is either regretted or justified by theorists, depending on their point of view. While Hart argues that AIDS should be represented as a potential threat to everyone instead of focusing on the experience of one community,⁵⁷ most queer theorists justify this focus by referring to the 'historical trauma' which the AIDS crisis has constituted for queers all over the world, thus implicitly ignoring the fact that AIDS constitutes a *current* trauma in sub-Saharan Africa.⁵⁸ As activist Douglas Crimp puts it, 'it is not only gay men who confront AIDS, but [they] face specific and often unique difficulties', which is one of the reasons why the majority of films on AIDS focus on the experiences of male queers with AIDS.⁵⁹ For this reason, I will also mainly, but not exclusively, focus on the experiences with HIV/AIDS particular to this group.

In Shayne Pepper's analysis of the range of HIV/AIDS-related programs that the American pay television network HBO has released from 1987 until 2013,⁶⁰ two distinct groups of programs

⁵⁵ Pepper, 'Subscribing to governmental rationality: HBO and the AIDS epidemic', 121-122.

⁵⁶ Roth-Bettoni, *Les années sida à l'écran*.

⁵⁷ Hart, *The AIDS movie*, 97-98.

⁵⁸ Roger Hallas, *Reframing bodies. AIDS, bearing witness, and the queer moving image* (Durham en Londen 2009) 5.

⁵⁹ Crimp, 'Mourning and militancy', 130.

⁶⁰ In this short historical overview, I focus primarily on the American reaction on the AIDS crisis for a number of reasons. HIV/AIDS was first discovered in the United States, where the epidemic quickly developed huge proportions before it even reached Europe. Most of my selected feature films are produced by American filmmakers. Furthermore, most of the studies I use for this overview adopt an American point of view. However, globally speaking, both UK and French politicians took a similar disinterested stance confronting AIDS in the early years of the epidemic. See, for example, the reflections of activist Christophe Martet on the French reaction on the emergence of HIV/AIDS, shortly summarized as: 'The politicians looked away.' ('Les politiques regardaient ailleurs.' Cf. Christopher Martet, quoted in: Roth-Bettoni, 'Préface' in: Idem, *Les années sida à l'écran*, 5-8, aldaar 5.) British

on AIDS are distinguished which are, according to Pepper, 'representative of broader media discourse about HIV/AIDS'.⁶¹ The earliest group of programs dates from 1987 until 1999. This group understands AIDS as a health crisis that is dealt with on an individual level by either (when directed to a queer in-group) 'safe-sex practices and testing for HIV' or (when directed to a normative, 'general' audience) 'caring for and accepting those who are diagnosed'.⁶² This narrative implies two important aspects that can be related to the contemporary historical context in which those films were made: first, that AIDS is a problem of 'the other', and second, that AIDS is not a political but an individual problem.⁶³

The narrative that associates HIV/AIDS with supposed deviant behavior and/or identity was continuously reinforced through 'dominant media discourses' during the first decade of the AIDS crisis, which 'put [queer bodies] on display as a traumatizing threat to the general public, while traumatized queer lives were discounted.' Hart links this social construction to the history of the medical understanding of HIV/AIDS:

Because the virus that causes AIDS was not discovered until 1984, three years after the epidemic began, and the mode of its transmission was not clarified until some time later, the association of HIV/AIDS with the [supposed] deviance of gay men and intravenous drug users seized the American consciousness early on and had persisted to this day.⁶⁴

Ironically, the 'high level of cultural visibility' of people living with AIDS not only went hand in hand with this 'invisibility of queer trauma', but also with an ear deafening silence from the side of the government.⁶⁵ As late as 1987, when approximately 20.000 people in the United States had died of the consequences of AIDS, US president Ronald Reagan urged people to get tested for HIV since 'innocent people' were also getting infected and were at risk to die.⁶⁶ In 1985, Reagan first had used the word 'AIDS' in public – a milestone after years of political

prime minister Margaret Thatcher also notably 'looked away': 'Thatcher was seen as a slow-moving leader during the lethal AIDS epidemic that claimed the lives of thousands of Britons.' See: Josh Milton, 'Margaret Thatcher was "neurotic" about being associated with AIDS and "no great sympathy", claims her health secretary', *PinkNews*, 8 februari 2021. <https://www.pinknews.co.uk/2021/02/08/margaret-thatcher-neurotic-aids-health-secretary-norman-fowler-nhst/>, laatst geraadpleegd op 31 augustus 2022.

⁶¹ Pepper, 'Subscribing to governmental rationality: HBO and the AIDS epidemic', 122.

⁶² Ibidem, 121.

⁶³ Hart asserts that even when a heterosexual or a child gets infected with HIV in an AIDS film, the typical 'otherness' that is linked with AIDS still gets emphasized. Cf. Hart, *The AIDS movie*, 40-41.

⁶⁴ Ibidem, 38.

⁶⁵ Hallas, *Reframing bodies*, 17.

⁶⁶ Hart, *The AIDS movie*, 35.

silence towards a medically acknowledged public health crisis. As Pepper puts it: 'At the very moment when a swift, decisive, and unified response from the public-health community was most needed, this community was becoming fractured and privatized.'⁶⁷

Getting organized to get grip on this new disease was, during those first years of the AIDS crisis, left entirely to the medical world and to the community that was hit first by its consequences. Several urban communities of queer men, located mostly in the great American cities such as New York and San Francisco, quickly organized themselves in order to spread up-to-date information among its members and to raise funds, access to medical care, and to demand (broadly speaking) something better than the apathy and moral condemnation the general public, as well as most governments, felt towards people living with AIDS. A few years later, European activists followed the American example.⁶⁸ The production of (short) films was one of the activist's tactics in order to slow down the HIV/AIDS epidemic. As sociologist Cindy Patton describes, contributors to such activist films typically showed a diversity in backgrounds: 'we represented, in varying combinations, professional sex educators, academics, seasoned community organizers, professional filmmakers, and "ordinary gay people"'.⁶⁹

Inside these organized queer communities, however, very different stances were taken. While some organizations were considered to be 'antisex' and urged queer men to refrain from (physical) sex altogether,⁷⁰ often lecturing the members of their own community 'on their need to (...) give up the "infantile" habits of an obsolete sexual permissiveness and embrace the "maturity" of assimilation into the normative',⁷¹ others worked 'toward community-wide adherence to safe sex [as] an act of resistance to the destructive political, social, and psychological effects of the HIV epidemic.'⁷² Another discussion 'focused on the distinction between memorial and activist responses to AIDS in cultural production', since 'to many activists and artists, acts of memorializing appeared an altogether too passive response to the crisis'.⁷³

⁶⁷ Pepper, 'Subscribing to governmental rationality: HBO and the AIDS epidemic', 122.

⁶⁸ Christophe Martet, quoted in: Roth-Bettoni, 'Préface' in: Idem, *Les années sida à l'écran*, 5.

⁶⁹ Cindy Patton, 'Safe sex and the pornographic vernacular. Signifying safe sex' in: Bad Object-Choices ed., *How do I look? Queer film and video* (Seattle 1991) 31-63, aldaar 31.

⁷⁰ Ibidem, 33.

⁷¹ Hallas, *Reframing bodies*, 6.

⁷² Patton, 'Safe sex and the pornographic vernacular. Signifying safe sex', 33.

⁷³ Hallas, *Reframing bodies*, 29. Note that both discussions can be understood in temporal terms, which I will elaborate in later chapters: 'infantile' versus 'mature' behaviour or looking towards the past versus struggling to create a liveable future.

AIDS films, both back then and nowadays, address those issues directly; not only through their narrative, but by being a visual product and thus taking a necessary and direct stance as to how to portray people with AIDS. As Crimp puts it, a maker of images of people with AIDS has to decide whether or not he or she endorses 'negative stereotypes [of which a] typical example would be the representation of a person with AIDS who is visibly ill, wasting, and has Kaposi's Sarcoma lesions.' While this images can elicit sympathy by the viewers, they can also 'produce a phobic effect in which the last thing one would ever want to do would be to identify with their subjects.' At the same time, 'positive' images of seemingly healthy people might 'suggest (...) that a picture of someone dying is a bad thing [while] of course people do die.' Similarly, positive images tend to ignore the painful reality of people living with AIDS.⁷⁴

'Queer AIDS media', as Roger Hallas calls films made by people from inside the queer communities, 'bear witness to the simultaneously individual and collective trauma of AIDS', wrestling with the complexities of 'attesting to the medical, psychological, and political imperatives produced by AIDS' while 'contesting' both the shame and 'universalizing humanism' dominant media projected on people living with AIDS.⁷⁵

'Queer AIDS media', however, often took the form of 'queer' forms of film, such as short film, associative and essayistic documentary, satire, or musical.⁷⁶ As Hallas puts it, '[t]he AIDS crisis provoked an unprecedented level of alternative media output, with hundreds of films and videos produced by diverse makers with different purposes in a multiplicity of economic and cultural contexts.'⁷⁷ Feature films of regular length (approx. 90 minutes) typically are produced by filmmakers who work in a more official film circuit, either for a large film studio or for a network television studio. And while independent filmmakers associated with the New Queer Cinema (a term coined in 1992 by film critic B. Ruby Rich) did produce many feature films with an explicit queer theme during the AIDS crisis, only a few of those

⁷⁴ Tina Takemoto, 'The melancholia of AIDS: Interview with Douglas Crimp', *Art Journal* (2003) 81-90, aldaar 84-85.

⁷⁵ *Ibidem*, 3.

⁷⁶ *Ibidem*.

⁷⁷ *Ibidem*, 9.

feature films can actually be interpreted as real AIDS films,⁷⁸ using the criteria mentioned in 1.2.1.⁷⁹

The second half of the 1990s is characterized by a ‘waning of interest in AIDS’: ‘The combination of countless deaths, emotional and political burnout after almost two decades of illness and loss, the growing perception of HIV/AIDS as a now chronic manageable disease (...), and the less combative political environment of the mid-1990s all appeared to contribute’ to this ‘fatigue over AIDS’.⁸⁰ This resulted in less AIDS movies, as well as in AIDS movies that felt out of touch with the contemporary reality due to the interval between the time they were written and the time they were released.⁸¹ One film of my corpus, *Jeffrey*, is an example of this issue: based on a 1992-1993 theatre play, the 1995 film suffered from the distortion between the time it was written, produced and distributed, which made the reality presented in the film out of date with that of the present-day audience. While AIDS films that stage a historical past try to reach an audience that does not know much about the AIDS crisis or that try to forget about it, *Jeffrey* was distributed at a time when both the general public as the queer audience did not want to be confronted with the losses of the recent past. At the same time, the first actual queer tv series, Russell T. Davies 1999 series *Queer as Folk*, was criticized for not paying enough attention to the AIDS crisis.⁸² More recently, the release of several AIDS series, in

⁷⁸ José Arroyo, quoted in Hallas, argues ‘that AIDS in fact constituted [the] political unconscious’ of New Queer Cinema: while most of their films ‘eluded the direct representation of AIDS’, New Queer Cinema attests to the “epistemic shift” in gay culture caused by the epidemic through the depiction of fragmented subjectivities, temporal dislocations, and melancholia’. (Hallas 24) Roth-Bettoni links this relative absence of early AIDS feature films made by queer filmmakers to the fact that the queer audience ‘did not necessarily want to retrieve in cinema halls images of the tragedy they were confronting and living through in daily life.’ (‘(...) des spectateurs homosexuels, pas forcément désireux de retrouver dans les salles obscures des images de la tragédie qu’ils affrontent et traversent au quotidien.’ Roth-Bettoni, *Les années sida à l’écran*, 19.)

⁷⁹ This means that most of my selected feature films are produced by filmmakers in the official film circuits of the US and Europe. While many theorists criticize mainstream media films, produced by such institutions as Hollywood or network television studios, for ‘their mishandling of their responses to AIDS’ (Pepper 126), I do not wish to take a normative stance. Rather, this thesis aims to show the actual complexity of temporal aspects that are dealt with in a diversity of AIDS films, be it a Hollywood production, an independent New Queer Cinema film, or a network television film.

⁸⁰ Hallas, *Reframing bodies*, 5.

⁸¹ Roth-Bettoni, *Les années sida à l’écran*, 74.

⁸² ‘Queer as Folk was slammed by gay press for not addressing AIDS, Russell T. Davies recalls’, *Attitude*, 14 mei 2018. <https://attitude.co.uk/article/queer-as-folk-was-slammed-by-gay-press-for-not-addressing-aids-russell-t-davies-recalls/17895/>, laatst geraadpleegd op 31 augustus 2022.

which the emergence of and life with the HIV-virus is an actual theme, brings AIDS once more to a broad and young public.⁸³

Since Pepper's analysis is published in 2014, he could not take into account the 'recent trend' in popular media to revisit 'the early years of the AIDS crisis and its activism'.⁸⁴ Rather, what he considers as second group of programs are AIDS documentaries that perceive 'AIDS to be a global pandemic beyond the realm where individual action can be the ultimate answer',⁸⁵ an image that is not fully reflected in (my selection of) recent feature films.⁸⁶

Jih-Fei Cheng, however, argues that unlike AIDS films from the eighties and nineties, recent films (produced from 2010 until now) 'narrate [the] struggle for survival as initially tragic, yet ultimately successful in prolonging their lives against the odds.'⁸⁷ Although I do not necessarily agree with this stance (which will become clear in due course), it is certainly true that present-day filmmakers have a different perspective on AIDS, namely as a chronic instead of a deadly disease. While several authors have argued that this time can be characterized as a 'post-AIDS era', Hallas refrains from using this term, arguing that it is rather 'obscene' 'in the context of (...) the global AIDS pandemic'. Furthermore, the antiretroviral drugs to which 'privileged citizens of the global North' have access, have 'considerable side effects (...) and unknown long-term effects'.⁸⁸ Hallas also asserts that 'below the emergent structures of feeling around the current notion of AIDS in the global North as a "chronic manageable disease" are deeper, residual structures of loss.'⁸⁹

Indeed, for many present-day filmmakers, AIDS is not over yet. Rather, it can be argued that filmmakers who experienced the AIDS crisis themselves now have enough temporal distance to their youthful experiences to transform it into film, which is probably one of the reasons why, after the turn of the millennium, AIDS films start to direct their gaze backwards in order to 'transform the present by illuminating its relation to the historical past.'⁹⁰ Feature films made during those second and third decades of the AIDS-crisis are, more

⁸³ An incomplete list of AIDS series: *Angels of America*, Mike Nichols (based on Tony Kushner), HBO (2003); *Don't Ever Wipe Tears Without Gloves*, Simon Kaijser da Silva, SVT1 (2012); *POSE*, Ryan Murphy e.a., FX (2018-2021); *It's a sin*, Russell T. Davies, Channel 4 (2021).

⁸⁴ Cheng, 'How to survive: AIDS and its afterlives in popular media', 73.

⁸⁵ Pepper, 'Subscribing to governmental rationality: HBO and the AIDS epidemic', 122.

⁸⁶ The perception of AIDS as a global pandemic is something that is not reflected in my selection of recent films; the interpretation of AIDS as something that cannot be dealt with individually is, however, visible in the present-day focus on activism.

⁸⁷ Cheng, 'How to survive: AIDS and its afterlives in popular media', 73.

⁸⁸ Hallas, *Reframing bodies*, 6-7.

⁸⁹ *Ibidem*, 188.

⁹⁰ *Ibidem*, 27.

often than not, historical pieces on the early years of the AIDS crisis.⁹¹ While films made and distributed during the 1980s and early 1990s were ‘fundamentally structured around immediacy and exigency,’ by the turn of the millennium, filmmakers who reflected on HIV/AIDS in their works worked out of the ‘need for (...) preservation and archiving in the face of the increasing threat of oblivion.’⁹² However, Hallas asserts that ‘it would be a mistake to render these historical transformations as a linear progression from politics to mourning to historical memory.’⁹³ Indeed, the recent film *120 BPM* (2017) actively engages in politics, not only as evocation of a historical memory but also as a way of creating a specific social relation between viewer and film; I will elaborate on this relation in my conclusion. Its filmmaker, Robin Campillo, tells in an interview how ‘looking back on those tragic events’ has changed his interpretation of the crisis: ‘You realize the sum of all the things you have gone through (...) To be able to do that 25, 30 years after is incredible. (...) Of course, it’s so far away from me that sometimes I feel like it never happened. Sometimes it makes it concrete and real.’⁹⁴

Since temporal aspects appear to be crucial for the production of those films, as well as for the interpretation of those films in their historical context, I now want to consider what film theorists have to say about temporality *in* films.

1.3 Temporality in films

In this section, I will draw on several film theorists that have studied temporality in films to explain shortly how different interpretations of temporality can be at play in films and, thus, how I distinguish and select my source material.

Those film theories, however, will mostly be used in an implicit way. In order to properly analyze the temporal structures that are specific to the experience of living with HIV/AIDS as they are visualized in films, I do not only need a theoretical framework that

⁹¹ Note that several present-day AIDS films that focus on the history of the AIDS crisis are based on plays for theatre that were written and created during the eighties and nineties; think, for example, on *Jeffrey*, Christopher Ashley (1995; based on Paul Rudnick’s 1992-1993 play); *Angels of America*, Mike Nichols (2003; based on Tony Kushner’s 1991 play); *Rent*, Chris Columbus (2005; based on Jonathan Larson’s 1996 musical); *The Normal Heart*, Ryan Murphy (2014; based on Larry Kramer’s 1985 play). A study of the changed views on AIDS, based on the differences between those plays and their adaptations in feature films/series, would be highly interesting.

⁹² Hallas, *Reframing bodies*, 5.

⁹³ *Ibidem*, 27.

⁹⁴ Jake Shepherd, ‘120 BPM director Robin Campillo: “We were too young to die but young enough to survive”’, *The Independent*, 5 april 2018. <https://www.independent.co.uk/arts-entertainment/films/features/120-bpm-robin-campillo-interview-act-up-aids-movie-hiv-french-a8290636.html>, laatst geraadpleegd op 31 augustus 2022.

enables me to *interpret* those temporalities: I have to *notice* and *select* them in the first place. Therefore, I need instruments to see how a film's images, narrative and montage work together and create different layers of temporality. I will draw on interpretations of temporality in films as developed by several film theorists. Those theories, however, will mostly enable me to *notice* more subtle aspects of temporality in films in the first place; this means they do not heavily influence my interpretations of the different temporalities I see. This is why, in this thesis, I will only shortly address some relevant interpretations of temporality by film theorists.

1.3.1 Film theories on temporality

In the history of film theory, little 'has been written about temporal flow in cinema, rhythms in time, developments in duration, unfolding, flux and change' – a paradox when you consider, as most theorists do, film as a 'temporal medium'.⁹⁵ Film theorist Matilda Mroz explains how most film theorists want to extract 'a moment from a film' in order to throw off 'the constraint of filmic time'.⁹⁶ Early film theories depended on a combination of art theories of other visual arts, such as painting and photography, and on semiotic and structuralist theories that perceived film as a sort of 'language'.⁹⁷ None of those theories were able to grasp movement in time as one of the specific aspects of film. Film theorists thus often described the film's temporal flow as 'threatening or destructive'.⁹⁸ In this context, Mroz quotes Walter Benjamin: 'no sooner has [the viewer's] eye grasped a scene than it is already changed. It cannot be arrested... "I can no longer think what I want to think. My thoughts have been replaced by moving images."' ⁹⁹

Indeed, in film, more than in other media, the person who experiences it is 'taken over' by the 'relentless' temporal structuring of the film.¹⁰⁰ While this can be threatening to an early theorist, modern-day DVD and television technologies enable the viewer to halt 'the linearity of a film, shattering the ideal of a unified temporality of reception'.¹⁰¹ I will make use of those technologies to linger on particular moments in the films, but will attest to those

⁹⁵ Mroz, *Temporality and film analysis*, 34; Uhlin, 'Film rhythm and the aporetics of temporality', 104.

⁹⁶ Mroz, *Temporality and film analysis*, 17 en 22.

⁹⁷ *Ibidem*, 1 en 19.

⁹⁸ *Ibidem*, 21.

⁹⁹ *Ibidem*, 15.

¹⁰⁰ *Ibidem*, 21.

¹⁰¹ *Ibidem*, 2.

particular moments in the selected AIDS film in relation 'to their placement in temporal flow'.¹⁰² To analyze film in its temporal continuum is important since, as Mroz asserts, 'the significance [of a particular moment] can emerge only in duration.'¹⁰³

Philosopher Gilles Deleuze suggests, in his *Cinema* books (published in 1983 and 1985),¹⁰⁴ 'a means of looking at film that explodes static views of the work that the work of art does'.¹⁰⁵ Deleuze's theories will prove useful to understand some particular 'queer' temporal continuities in film, for instance when it comes to distinguish between the indirect representation of time, which depends on the perception of a 'normal', moving body, and on the 'time-image', which is linked by Deleuze to 'aberrations of movement'.¹⁰⁶ This distinction is particularly useful when it comes to the analysis of how films can communicate the queering of time that results from (physical, psychological) suffering. However, Deleuze's theories are closely linked to specific historical genres in cinema or even to specific filmmakers; this makes clear that his theories, for the most part, cannot simply be applied to a film that does not come forth from this historical context.

Film theorist Graig Uhlin suggests how 'rhythm in film (...) makes sensible and intelligible the inscrutability of time.'¹⁰⁷ Uhlin asserts how the analysis of a film's temporal structures as they are conveyed by its narrative is 'insufficient (...) fur understanding film's inscription of time.'¹⁰⁸ Indeed, focusing exclusively on a film's narrative gives the suggestion that 'cinematic time' is no more than a 'textual effect', thus ignoring 'how the moving image embodies time (...) by providing a patterning or structuring of time relatively independent from narrative plotting.'¹⁰⁹

Drawing on Uhlin's and Mroz' analyses of temporality in films, I will especially focus on the 'multiplicity of rhythms' that can appear in film when 'various temporal strands in the

¹⁰² Ibidem, 35.

¹⁰³ Ibidem, 20.

¹⁰⁴ Other film theorists who wrote about temporal aspects of film, such as André Bazin and Siegfried Kracauer, focus more on the temporality of the apparatus of the medium film than on how temporality is evocated in films, and are thus less useful to my thesis. Cf. Verano en Álvarez, 'Cinema as change mummified: Objectivity and duration in André Bazin's theory', 175-177. Graig Uhlin explains how the discussion on temporality of classical film theorists, indeed, focuses on the question if 'film [is to be understood] as a trace of objective time (...) [whether as a] depiction of the subjective time of consciousness'. As 'film performs what conceptual thought has difficulty sorting out', I will focus more on its *performance* of time than on theories that elaborate the relation between lived or objective time and the medium film. Cf. Uhlin, 'Film rhythm and the aporetics of temporality', 107.

¹⁰⁵ Amy Herzog, quoted in: Mroz, *Temporality and film analysis*, 37.

¹⁰⁶ Deleuze, *Cinema II: The time-image*, 35; Mroz, *Temporality and film analysis*, 37.

¹⁰⁷ Uhlin, 'Film rhythm and the aporetics of temporality', 105.

¹⁰⁸ Ibidem, 110.

¹⁰⁹ Ibidem.

duration of a film' are combined. Mroz gives the example of 'voice-over with an image, a long-take with a piece of music, or a thematic link with a sensory evocation.'¹¹⁰ Indeed, '[w]hile narrative emplotment emphasizes that an event takes place, rhythm is able to capture the shape of that taking place, the ebb and flow of the event's duration as it is materialized into a perceptual and sensory experience.'¹¹¹

I will also pay particular attention to '[a]ffective sounds, moments or images [that] suspend linear temporality and do not necessarily fit into narrative progression'.¹¹² Mroz shows how cinematic 'intensities that have a temporal progression' can be described by paying attention to those 'moments [in the film] which do not seem particularly concerned with meaning at all'.¹¹³

Apart from the above-mentioned aspects of temporality in film, such as rhythm, and affective, non-narrative cinematic moments, a different layer of a film's temporalities can be described in relation to the film's genre. Each film, as is the case with every cultural product, relates itself to a certain tradition; in this filmic tradition, a specific handling of time can be distinguished.

Kylo-Patrick Hart argues that 'the representation of otherness' in AIDS films can best be understood when related to two traditional cinematographic genres: science fiction films and melodramas.¹¹⁴ The use of the narrative structures of both genres has implications on the temporal structures that are applied in the story.¹¹⁵

While a traditional melodramatic structuring of a film's narrative strongly links the experienced present to the past through a 'nostalgic (...) return to an ideal time of respectability that lacks antisocial and/or immoral behavior',¹¹⁶ science fiction movies typically is directed towards an uncertain future: 'The assumption in science fiction movies is that science will save humanity if anything can, yet it is not atypical for movies of this kind to leave viewers wondering if the individuals or communities presented in the movie will actually survive in the future'.¹¹⁷

¹¹⁰ Mroz, *Temporality and film analysis*, 3.

¹¹¹ Uhlin, 'Film rhythm and the aporetics of temporality', 111.

¹¹² Mroz, *Temporality and film analysis*, 5.

¹¹³ Ibidem, 6-7. I will pay less attention to Mroz' analyses of how the spectator engages with the film image when it comes to meaning-making and being touched by the film's images, since my analysis focuses on the temporal structures in the film itself without taking into account the reception of the film. Cf. Mroz, *Temporality and film analysis*, 4-5 en 7-8.

¹¹⁴ Hart, *The AIDS movie*, 16.

¹¹⁵ Hart focuses on a film's narrative rather than on other filmic aspects, such as the image, use of sound or rhythm.

¹¹⁶ Hart, *The AIDS movie*, 31.

¹¹⁷ Ibidem, 21.

Furthermore, Hart emphasizes the trope, used in many science fiction films, of an 'other' that threatens to transform a 'normal' human being 'into a second form of the other'.¹¹⁸ This idea of transformation, which is (more or less explicitly) very present in many AIDS films, strongly draws on a gradual process and thus on a particular conception of time. I will elaborate on this theme in chapter 3, 'Illness time'. Thus, the relation of AIDS films to some established film genres implicates a specific handling of temporality.

1.3.2 Corpus: AIDS films with a diversity of temporalities

I will focus on the following ten films in which the different temporal structures can be best distinguished in their complex interplay:¹¹⁹

- *An Early Frost* (1985): John Erman's television film – the very first feature film on AIDS – shows how HIV/AIDS can disrupt the 'chrononormativity' of social time,¹²⁰ while the prospect of death at the same time (ironically) reconciles the family with the queerness of their son. Its focus lies on biographical time, in its relation to past-present-future time. The reluctance to mourn people who die of an AIDS-related disease when living with AIDS yourself is also visualized.
- *The Living End* (1992): Gregg Araki's film visualizes how the prospect of an early death can turn one's biographical time upside down. The idea that people living with HIV live in a shared 'no future' time zone is both reproduced and questioned by visualizing it as highly romantical, as well as violent.¹²¹
- *Jeffrey* (1995): Christopher Ashley's comedy film visualizes the sometimes unbearable tension with regards to a queer sexuality during the AIDS crisis, showing a rich body of utopian moments that try to re-articulate new images for an uncertain future.

¹¹⁸ Ibidem, 23.

¹¹⁹ When films visualize comparable temporal structures, my choice for one film rather than the other depends on different factors, such as the originality of the film in terms of production timing, and the clarity in which the temporal structures are visualized. For example, both factors made me choose to treat John Erman's 1985 *An Early Frost* rather than Christopher Reeve's 1997 *In the Gloaming*, while the two films are very similar in their interpretation of the temporal structures their HIV-positive main character experiences.

¹²⁰ Freeman, *Time binds*.

¹²¹ Lee Edelman, *No future*.

- *Angels of America* (2003): Mike Nichols's tv-series develops a rich image of the different ways the illness time of AIDS can be experienced. Most of all, it shows the influence of social narratives on time (understood as past-present-future time) on the way individuals live their life. Its narrative is, furthermore, very explicit in its focus on the meaning of time: tellingly, 'Prior', the HIV-positive main character, is instructed by an angel to 'stop time'.
- *House of Boys* (2009): Jean-Claude Schlim's film is constructed as a fairy tale that is not (always) subject to 'normal' time; however, it is only when one of the main characters develops AIDS that time becomes really queered, visualized by the filmmaker through tableaux vivants and made explicit in the narrative. Illness time, here, is an experience of inner time as stretched out almost endlessly.
- *Dallas Buyers Club* (2013): Jean-Marc Vallée's Oscar-winning film visualizes living with AIDS as an heroic fight against calendar time. Once you develop AIDS, your life span, here understood as calendar time, is appropriated by doctors and pharmaceutical protocols. This film's main character goes on a quest to reappropriate this calendar time, and thus his life.
- *Théo et Hugo dans le même bateau* (2016): Olivier Ducastel and Jacques Martineau's film, set in a contemporary Paris and filmed in real time, contrasts 'utopian' sex, which is experienced as separate from the 'normal' evolution of time,¹²² with the reality of linear time, in which sex can be a 'chain of transmission from the past'.¹²³ It also shows how inner rhythms can be at conflict with the rhythms imposed by medical protocols, and how living with HIV (understood as a chronic, not-terminal disease) subtly changes one's biographical time.
- *120 BPM* (2017): Robin Campillo's film's images, narrative and montage emphasize how illness and mourning time can reshape 'normative' linear time into a shared

¹²² Muñoz, *Cruising Utopia*, 25 and 38-39.

¹²³ Susan Sontag, 'AIDS and its metaphors' in: Idem, *Illness as metaphor and AIDS and its metaphors* (herz. paperbackeditie; Londen en New York 1991 [1988]) 91-180, aldaar 158.

experience of cyclical time, which is in constant opposition to normative social narratives as well as medical protocols.

- *Plaire, aimer et courir vite* (2018): Christophe Honoré's film opposes two ways to cope with HIV/AIDS. While living with AIDS, one of the main characters interprets the world through concepts of the past, which makes it possible for him to ignore the fact that his future is uncertain; the confrontation with a young man who does not rely on the past to understand the present ultimately reveals the impossibility of a (shared) future.
- *Bohemian Rhapsody* (2018): Bryan Singer and Dexter Fletcher visualize how a coming out can shatter the possibility of a shared social time, emphasizing the normativity of calendar and clocked time. Paradoxically, living with HIV enables the main character to synchronize his life once more with those normative patterns.

2 Infection time

Susan Sontag puts it clearly in her 1989 reflections on the cultural meanings attributed to HIV/AIDS:

The fear of AIDS imposes on an act whose ideal is an experience of pure presentness (and a creation of the future) a relation to the past to be ignored at one's peril. Sex no longer withdraws its partners, if only for a moment, from the social. It (...) is a chain, a chain of transmission, from the past.¹²⁴

In this chapter, I elaborate those sexually related tensions of temporality by focusing on the way AIDS feature films visualize, or refer to, (the possibility of) infection with HIV. Although (unprotected) sexual contact is by no means the only way to get infected with HIV, it is, in my selection of films, the only source of infection the (main) characters experience. This means that my focus on the transmission of HIV through sexual contact is only relevant for a fraction of the experiences of actual HIV-positive people.

First, I will focus on two medically influenced concepts that are often used in AIDS films and draw strongly on the linear interpretation of time, which I understand as 'calendar and clocked time'. In the second paragraph, I elaborate some of the ways in which the filmmakers visualize the psychological and relational struggles that arise out of the conflict between the linear calendar and clocked time in which the HIV-virus develops itself and the biographical interpretation of its causes and consequences in one's own life. In the third paragraph, I take a closer look at 'past-present-future time', understood as the complex relation between the ideological and normative dimensions of temporal structures and narratives and the way people apply those on their own interpretation of the world. With regards to infection time, I focus on the tension between two stances: the (utopian) interpretation of homosexual contact as an action without consequences versus the (historical, AIDS-conscious) interpretation of homosexual contact as a possible bringer of disease and death. Finally, I focus on the renewed experience of both inner, phenomenological time and inner, biological needs and rhythms with regards to (consciousness of) HIV/AIDS.

¹²⁴ Sontag, 'AIDS and its metaphors', 158.

While every (sub)paragraph explores different aspects of the temporalities with regards to (the possibility of) infection with the HIV-virus which characters in AIDS films experience, most of those aspects are closely interrelated and regularly show different interpretations of the same film scene or experience.

2.1 Calendar and clocked time

Calendar and clocked time can be understood as a linear interpretation of time, used to measure the development and interaction of activities.¹²⁵ When it comes to the medical approach to illnesses, and more specifically to their diagnosis and prognosis, this temporality becomes especially salient. Furthermore, calendar and clocked time is often used in AIDS films to show the conflict between the chronological, linear time in which the organism develops and the inner, subjective temporality of the psyche (see §2.4.1).

In the earliest years of the AIDS crisis, being diagnosed usually happened when a person showed symptoms of an AIDS-related disease. This diagnosis with AIDS presupposed a shorter or longer period when someone experienced a variety of health problems that could not be medically explained but with this particular diagnosis. The uncertainty surrounding the period before the diagnosis is often visualized in film as a vague anxiety for one's health. AIDS was, for most people at the time, not well known and symptoms were not rapidly linked to AIDS by the person suffering from them.

From the mid-'80s, a HIV test became widely available in the privileged Western context I'm speaking of. Queer theorist Tim Dean remembers that in those early years, 'it was common to have to wait at least a week between taking the test and obtaining the results.' Testing for HIV thus 'entails periods of waiting, delay, and uncertainty about one's fate',¹²⁶ while the people taking the test usually have a more or less clear image in their minds as to what to expect for their future when the test would prove positive.

Below, I will shortly analyze the diverse ways AIDS films reflect on calendar and clocked time in relation to (the time of) infection with HIV by focusing on two conceptual aspects of the medical approach to HIV/AIDS in which those temporalities interact: incubation time, and the more recently developed emergency treatment (PEP) against HIV.

¹²⁵ Idem, 1094-1095.

¹²⁶ Dean, 'Bareback time', 85.

2.1.1 Incubation time

The interval from HIV infection to a diagnosis with AIDS has a great temporal variety, ranging from 9 months to 20 years or longer. When it comes to a HIV-test, ‘the antibodies that show up in a positive test result (...) take time to appear, usually at least two weeks.’¹²⁷ This means that when someone is diagnosed with AIDS or tests positive for HIV, the moment of infection cannot exactly be determined.

In the selected feature films, this uncertainty regarding the moment of infection is often a cause of anxiety: when one is diagnosed with AIDS, one’s past becomes unreadable, blurred, as the moment of infection with HIV could be almost anytime. Unable to endure this uncertainty about their own past, characters often show an urge to fix one specific time or event as ‘the’ moment of infection (see 2.2, where I elaborate this reinterpretation of biographical time). One example of an explicit dialogue on this theme can be seen in *An Early Frost*, where Michael (Aidan Quinn) is diagnosed with AIDS somewhere in the early 1980s. His doctor (Don Hood) asks him for a ‘complete rundown’ of his ‘sexual history’, at which Michael reacts defensively: ‘I had some one-night stands... It was years ago! Before anyone knew anything!’ His doctor continues: ‘The problem is, we don’t know how long the incubation period for the disease is. It might be five years, it might be longer. We’re just not sure.’¹²⁸ Thus, every sexual experience of Michael retroactively becomes a potential danger as his doctor encourages him to regard his biographical past with suspicion. Michael’s sexual past gets reactivated in the present.

2.1.2 Exposure to HIV

In *Théo et Hugo dans le même bateau* (hereafter: *Théo et Hugo*), we follow the title characters in contemporary (±2016, the time when the film got released) Paris after they have engaged in risky sex. Since Hugo (François Nambot) is HIV-positive, they both get panicky because of the possibility that Théo (Geoffrey Couët) got infected. After calling an AIDS hotline, they are advised to go to the nearest hospital to get Théo an emergency treatment against HIV. This emergency treatment, PEP (post-exposure prophylaxis), means taking medicine to prevent

¹²⁷ Ibidem.

¹²⁸ John Erman, *An Early Frost* (1985), 00:17:46-00:18:26.

infection with HIV after a possible exposure to the virus.¹²⁹ Théo should tell the emergency doctor he has got an accidental blood exposure (ABE).¹³⁰ He is asked how long ago his ABE happened¹³¹ and is allowed to skip the line in the emergency waiting room, since his doctor insists that it's an emergency situation.¹³² While it is safe to believe that almost everyone present in the waiting room considers their own problems as a medical emergency, it is made clear that the possibility of exposure to HIV is considered even more urgent, since the successful averting of infection depends on the interval between exposure to HIV and the start of treatment. Indeed, websites on health care claim that '[t]he sooner you start PEP, the better. Every hour counts.'¹³³ This opposes the popular idea that 'seroconversion'¹³⁴ is a (...) moment' and shows that it is a *process* instead.¹³⁵ It is possible to medically intervene in this process and to force it to stop. This whole scene emphasizes the importance of rapid actions when dealing with the risks of infection with HIV in a contemporary context.

2.2 Biographical time

In medical humanities research, a lot of attention is paid to the biographical changes the diagnosis and life with a chronic disease (or specifically with HIV/AIDS) provokes. While researchers emphasize the 'complicated process' of 'giving meaning to one's own biography' for people living with HIV/AIDS, the biographical interpretation of infection with HIV is mostly understood in relation to the normative question whether or not HIV-positive people 'interrupt' their 'risky sexual behaviors'.¹³⁶ In AIDS films, the filmmaker's interest goes to the

¹²⁹ See: 1.2.1 *State of the art: HIV/AIDS worldwide*.

¹³⁰ In French, the film's original language, it is called AES, *accident d'exposition au sang*. This medical term is used here as an euphemism for all kinds of exposure to HIV, whether through sexual contact, shared syringes, or otherwise. Interestingly, 'blood' seems to be used as the more neutral and thus less stigmatising term.

¹³¹ 'Less than an hour'; originally: 'Moins d'une heure'. Olivier Ducastel and Jacques Martineau, *Théo et Hugo dans le même bateau* (2016), 00:37:40.

¹³² 'C'est une urgence'. Ibidem, 00:47:05.

¹³³ 'About PEP', *Centers for Disease Control and Prevention*, <https://www.cdc.gov/hiv/basics/pep/about-pep.html>. Laatst geraadpleegd op 10/07/2023.

¹³⁴ 'Seroconversion' means the development from not having antibodies to HIV and thus being HIV-negative, to having such antibodies and becoming HIV-positive. See: 'What is seroconversion?', *John Hopkins Bloomberg School of Public Health*, <https://www.jhsph.edu/research/centers-and-institutes/acute-and-early-seroconverter-studies/faqs.html>, laatst geraadpleegd op 10/07/2023.

¹³⁵ Dean, 'Bareback time', 85.

¹³⁶ George Alexias, Manos Savvakis en Ifigenia Stratopoulou, 'Embodiment and biographical disruption in people living with HIV/AIDS (PLWHA)', *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV* 28 (2016) afl.5, 585-590, aldaar 586. <https://doi.org/10.1080/09540121.2015.1119782>

psychological and relational struggles that arise out of the enduring conflict between the linear calendar and clocked time in which the HIV-virus develops itself and the biographical interpretation of its causes and consequences in one's own life.

Below, I will elaborate several aspects of biographical time that are visualized in AIDS films regarding the time of infection with HIV: after focusing on the urge to rework the story about one's own life, I take a look at the conflictual situations that often arise when characters that are recently diagnosed with HIV/AIDS try to reinterpret their relational lives, followed by a short overview of different ways in which the dynamic in couples changes with regards to life with HIV/AIDS. Following those two areas that are open for re-interpretation after being diagnosed as HIV-positive, I take a look at two typical storylines that are used in a biographical reinterpretation in AIDS films: infection vagueness, where the focus on one moment of infection becomes replaced by a vague (sometimes stigmatizing) reference to a supposed 'promiscuous' sexual life, and the urge to look for one specific scapegoat, which is a strong psychological means in order to avoid personal responsibility, while transforming their essentially unreadable past into a clear storyline with an equally clear distinction between good and bad. Finally, I focus on the way AIDS films visualize the paradoxical emotion of anxiety that can be aroused by the uncertainty of infection with HIV, and which can give rise to re-interpretations of both one's past and present.

Interestingly, when it comes to a medical humanities study of the biographical narratives of HIV-positive people, researchers apparently tend to question the meaning of the supposed time of infection by people who were infected through homosexual contact: 'With homosexual men, interviews were centered [sic] around HIV-infection: Could you tell me about being infected with the HIV? How did it happen to you?' This focus is in strong contrast with the researchers' approach of their other research group, haemophiliac men, who are asked only about their 'illness condition'. The researchers suggest that being infected through blood transfers does not change one's view of oneself because 'this way of being infected is not stigmatised'. While the article as a whole shows a more nuanced image, the contrast in the researchers' starting base with regards to the interpretation of infection through either medical procedures or through homosexual contact remains startling and confirms the bias and stigma it wishes to reduce. See: Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 68.

2.2.1 Narrating themselves

In several films, the HIV-positive characters try to determine the moment when they got infected with HIV in order to re-establish a consistent narrative to close the rift in one's biography, which they can communicate to themselves and to others. In *120 BPM*¹³⁷ and in *Théo et Hugo*¹³⁸, the HIV-positive character conveys the time of infection through such a clear narrative, while in *Dallas Buyers Club*, a flashback of main character Ron (Matthew McConaughey) shows how he relates his recent AIDS-diagnosis to his sexual contact (which is not specified temporally) with a woman who had marks of I.V. drug use on her arms.¹³⁹

In both *120 BPM* and *Théo et Hugo*, the characters who narratively convey the time of their infection mention that it was their first sexual contact. This emphasizes the tragedy of their infection – they never had the opportunity to enjoy a carefree sexual life –, while detaching the common association between HIV and a 'promiscuous' lifestyle. Furthermore, their interpretation of their 'failed' past is directly linked to their present-day activism: in both films, the necessity to use a condom when having sex is mentioned or showed explicitly at only a very short time removed from the narrative reflection on the moment of infection.¹⁴⁰

My use of the word 'failed' when referring to the past evoked in those scenes is critical: while '[t]he association of homosexuality with loss, melancholia, and failure runs deep',¹⁴¹ those characters interpret their lives in terms of progress. They made a tragic mistake, back then: they know better now and urge their new partners to engage in safe sex practices. Crimp asserts how 'the memories of [queer men's sexual] pleasures are (...) fraught with ambivalence': the activist impulse that underlies 'the widespread adoption of safe sex practices' often goes with '[t]he abject repudiation of their sexual pasts by many gay men'.¹⁴²

¹³⁷ Robin Campillo, *120 BPM* (2017), 00:45:46-00:47:00.

¹³⁸ *Théo et Hugo*, 00:45:17-00:47:05.

¹³⁹ Jean-Marc Vallée, *Dallas Buyers Club* (2013), 00:17:21-00:17:44.

¹⁴⁰ 'It's easy to use a rubber, right?'; originally: 'C'est facile de mettre une capote, non?' *Théo et Hugo*, 00:46:05; 'When you contaminate someone, you're 100 percent responsible. And when you get contaminated as well'; originally: 'Quand tu contamines quelqu'un, t'es responsable 100 pourcent. Et quand tu te fais contaminer, aussi.' *120 BPM*, 00:47:44-00:47:47. At 00:48:29, the character uses a condom.

¹⁴¹ Heather Love, *Feeling backward. Loss and the politics of queer history* (Harvard 2009) 6.

¹⁴² Crimp, 'Mourning and militancy', 139-140. This refusal to look to the past is made literal in the ending scene of *Théo et Hugo*. Echoing Greek mythology in which Orpheus is prohibited to look back upon his lover Euridice so as not to lose her, Hugo forbids Théo to return to his flat to get his phone: 'If you turn back, if you look behind you, you will lose everything. We go forward. We are not afraid.' Originally: 'Si tu te retournes, si tu regards en arrière, tu perds tout. On va l'avant. On a pas peur' in: *Théo et Hugo*, 1:33:29-1:33:53.

Crimp makes a distinction between men who discover their sexuality during and after the AIDS crisis, for whom 'embracing safe sex is [mostly] an act of defiance', and between 'men of the Stonewall generation', who often experienced more unlimited sexual possibilities and who see 'safe sex (...) less like defiance than resignation (...) [and] melancholia.'¹⁴³ Indeed, both Sean (Nahuel Pérez Biscayart) in *120 BPM* and Hugo in *Théo et Hugo* are men of the younger generation, who can only dream of the pre-AIDS crisis 'culture of sexual possibility'¹⁴⁴ but are not melancholic about it since they did not experience it themselves. Their adoption of safe sex methods and interpretation of their past in terms of a forward movement is strongly influenced by their lack of experience with an earlier queer sexual culture.

2.2.2 Narrating the couple

In *Jeffrey*, the title character (Steven Weber), who used to have sexual contact with many different men, chooses for sexual abstinence for reasons I will elaborate below. His friend Sterling (Patrick Stewart) advises him: 'What you need is a relationship. When you'd had a boyfriend, you'd relax. You set the rules once and everything would be fine.' Sterling himself has a long-term relationship with Darius (Bryan Batt), who lives with AIDS, and explains Jeffrey they always have safe sex.¹⁴⁵

While admitting that a monogamous relationship does not make one's sex life less risky,¹⁴⁶ monogamy is presented here as something that will make 'all this sex-thing simply fall into place' by making it less important.¹⁴⁷ It is thus presented as a solution for the sexually related frustration experienced due to the AIDS crisis. It is explicitly stated that this 'return to monogamy' is,¹⁴⁸ however, not about mimicking heteronormative relationships.¹⁴⁹ non-monogamous sex is not 'deviant' or even more dangerous than monogamy, but it increases the likelihood to feel sexually frustrated. *Jeffrey* thus takes a slightly different stance than the

¹⁴³ Crimp, 'Mourning and militancy', 139-140.

¹⁴⁴ Ibidem, 139.

¹⁴⁵ Christopher Ashley, *Jeffrey* (1995), 00:08:37-00:09:53.

¹⁴⁶ As Leo Bersani says, 'unless you met your lover many, many years ago and neither you nor he has had sex with anyone else since then, monogamy is not that safe anyway.' In: Bersani, 'Is the rectum a grave?', 218 footnote 26.

¹⁴⁷ *Jeffrey*, 00:21:44.

¹⁴⁸ Bersani, 'Is the rectum a grave?', 218.

¹⁴⁹ *Jeffrey*, 00:22:22.

normative viewpoint Sontag reflects on: 'AIDS reveals all but long-term monogamous sex as promiscuous (therefore dangerous) and also as deviant'.¹⁵⁰

This normative view on monogamy in contrast to other forms of sex is taken to another level in *An Early Frost*. Here, the narrative suggests that even long-term monogamous sex between homosexual men is offensive from a heteronormative viewpoint. First, main character Michael defends the fact that he keeps his long-term partner Peter (D.W. Moffett) a secret to his parents by saying that he does not 'talk about sex to them, they don't talk about sex with me', at which Peter replies: 'Who's talking about sex? I'm talking about us.'¹⁵¹ When Michael develops AIDS-related symptoms, Peter confesses that he has had sex with other men for a few times during the previous year. Michael replies: 'All this time I thought we were safe because we had each other, we were together... We'd be protected! I have gotten this because of you!' Peter replies: 'We don't know,' at which Michael screams: 'Then how else?'¹⁵²

Indeed, as a result from the anxiety of an uncertain time of infection with HIV, some relationships go to a crisis and have to be reinterpreted. Here, it is suggested that Peter, in order to make up for his 'mistakes' from the previous year, tries to be as asexual as possible: even before Michael is diagnosed with AIDS and gets the medical advice of abstinence, Peter refrains from describing their relationship in terms of sexuality. Peter's feeling of guilt for cheating on Michael, combined with Michael's diagnosis and his doctor's advice of abstinence, transforms this queer couple into an 'asexual' one, which is thus, ultimately, acceptable to Michael's parents.

As a logical effect of life with HIV/AIDS, the dynamic between romantic couples changes, sometimes subtly, sometimes in a more overt way. AIDS films, often focusing on the more emotional and relational aspects of life with HIV/AIDS, naturally show a diversity of ways through which couples cope with the daily reality of HIV/AIDS. Apart from the relational crises caused by the confrontation with infection of one partner and thus with the suspicion of adultery, most couples in which one of the partners lives with HIV/AIDS while the other is (seemingly) healthy, adopt one of two behavioral schemes that are often used in AIDS films: either the healthy partner starts nursing the ill one and devotes all his energy and love to practical concerns, or the healthy partner cannot stand being around someone who is that ill and breaks up. I will elaborate here one example of each of those schemes.

¹⁵⁰ Sontag, 'AIDS and its metaphors', 159.

¹⁵¹ *An Early Frost*, 00:08:26-00:08:44.

¹⁵² *Ibidem*, 00:25:25-00:26:55.

In *Angels in America*, the healthy, queer man Louis (Ben Shenkman) says about himself that 'he can't incorporate sickness into his idea about how things are supposed to go' and that he is afraid of 'vomit, sores, disease (...) and death.'¹⁵³ The impossibility of reconciling Louis's idealism about 'how things are supposed to go' with the reality of illness becomes clear when his partner Prior (Justin Kirk) announces to Louis that he has AIDS. Louis bursts into tears, at which Prior says: 'I can't find a way to spare you, baby. No wall like the wall of a hard, scientific fact. (...) Bang your head on that',¹⁵⁴ thus referring to the unbridgeable gap between ideals and reality. Prior then confesses that he has known for a longer time, but could not tell it to Louis because he was afraid that Louis would leave him,¹⁵⁵ which is, indeed, what happens further on. While first, Louis tries to support Prior in his illness trajectory, he finally leaves him when Prior's illness symptoms become too overwhelming and affect and control their daily life together. Louis, however, is guilt-ridden about it and in the end, after many cathartic plot twists, returns to Prior.

An example of the partner who takes on the role of a dedicated nurse can be seen in *120 BPM*. In a delicate scene, where Sean is seen to be feeling ill and trying to clean up his bedroom, we hear a discussion with his partner Nathan as a voice over, suggesting that it this discussion took place before the scene visualized. Nathan suggests to start living together because it would be easier, Sean refuses to understand why that would be easier, thus forcing Nathan to explain that he wants to be there for Sean, at which Sean says 'I didn't ask you that. (...) I can cope alone, you know.' Nathan replies: 'Yes, I know. But I feel like helping you out a bit more.'¹⁵⁶ From 1:26:40 onwards, the scene subtly transforms into the same action (fixing the bed sheets), but now performed by both Sean and Nathan. Then, Nathan routinely takes out nursing materials to give Sean his medication. In the voice over, the conversation continues by Sean saying that he doesn't like Nathan to say that he is helping him out. Nathan corrects himself: 'I feel like spending more time together with you.'¹⁵⁷ This scene shows in a subtle way how difficult the transformation can be for romantic partners to change into a patient-nurse relation without, however, giving up their romantic relationship.

¹⁵³ *Angels in America*, disc one, chapter one 'Millenium approaches', 00:22:24-00:22:28.

¹⁵⁴ *Ibidem*, 00:17:59.

¹⁵⁵ *Ibidem*, 00:18:26.

¹⁵⁶ Sean: 'Je ne t'a pas demandé ça. Je me débrouille tout seul, tu sais.' Nathan: 'Oui, je sais. Mais j'ai envie de m'occuper de toi un peu plus.' *120 BPM*, 01:26:04-01:26:40.

¹⁵⁷ Sean: 'Je n'aime pas que tu dis ça, que tu m'occupes de moi. C'est un peu bizarre.' Nathan: 'J'ai envie de passer plus de temps avec toi.' *Ibidem*, 01:26:40-01:27:48.

2.2.3 Infection vagueness

Films that do not show the moment of being diagnosed as HIV-positive generally only refer vaguely to the (supposed) moment of infection, as is the case in *Plaire, aimer et courir vite*. This vague reference is still explicitly connected to the sexual life of the concerning character: actress (Marlène Saldana) tells the HIV-positive playwright and main character Jacques (Pierre Deladonchamps) how she thought of him when she recently got hospitalized for the consequences of hepatitis. 'I told myself: look, it's like Jacques, I have to pay for my mistakes. I had the right to listen to a couplet on my weight, they didn't have to spare you the comments on your number of partners.'¹⁵⁸

Likewise, some films that do show the moment of being diagnosed only refer vaguely to the sexual life of the concerning character without singling out 'the' moment of infection. In all those films, infection with HIV is visualized as a 'normal' result of a non-normative sexual life with different partners, as is the case in *Bohemian Rhapsody* and in *Angels in America*. This chimes with Dean's observation that many queer men living during the AIDS crisis had the experience of waiting to be 'finally' diagnosed as HIV-positive, which shows that becoming HIV-positive was often experienced as inevitable and was anticipated upon with anxiousness.¹⁵⁹

While the vague association of a queer sexuality and a seropositive status can be understood as true to the experience of many queer men during the AIDS crisis, this loose association also condemns a queer sexuality by interpreting it as promiscuous, so that it 'inevitably' leads to disease. In this narrative, the focus does not lie on whether someone uses a condom during sexual contact, but rather on queer sexuality itself, as Leo Bersani argues. Bersani quotes an article in which a 'London doctor does (...) urge the use of condoms in such encounters, but "the main problem [regarding AIDS] is evidently 'promiscuity'" (...) [T]he kinds of sex involved (...) may in fact be crucial to the argument.'¹⁶⁰

This vague focus on queer sexual acts in general, and its association with 'insatiable desire [and] unstoppable sex' as being 'guilty' for infection with HIV¹⁶¹ is reproduced in the Freddie Mercury-biopic *Bohemian Rhapsody*, when main character Freddie (Rami Malek) is

¹⁵⁸ 'Je me suis dit: ah ben, voilà, c'est comme Jacques, je dois payer pour mes fautes. J'ai eu droit au couplet sur les poids, il doivent pas t'épargner sur ton nombre de partenaires.' Christophe Honoré, *Plaire, aimer et courir vite* (2018), 00:26:??.

¹⁵⁹ Dean, 'Bareback time', 81-82 en 85.

¹⁶⁰ Bersani, 'Is the rectum a grave?', 210.

¹⁶¹ Ibidem.

lured into a leather bar darkroom by his manipulative assistant.¹⁶² During the whole film, queer sexuality is associated with promiscuity, drugs, and disease while being strongly contrasted with heteronormative, 'healthy' relations. The leather bar scene has the Queen song 'Another one bites the dust' as soundtrack, with its aggressive lyrics of being brought to the ground and taking revenge on other men, thus suggesting a rhythmic 'chain' in which emotions are passed along through ones actions, very similar to the 'passing along' of the HIV virus that is suggested here. The crowd of men belonging to the leather and sado-masochistic queer subculture through which Freddie moves as he goes to the darkroom, vaguely suggests the possibility of sexual contact between various men, while the montage suggests the link between the song and the experiences in the bar by inserting moments where Freddie develops the song with his band with moments at the leather bar.

2.2.4 The scapegoat

The uncertainty that accompanies the incubation period sometimes goes with singling out one person as the one who has most certainly infected a character who has tested positive for HIV or who is diagnosed with AIDS, in order to transform their anxiety into a focused anger. This happens, for example, in *House of Boys*, where Frank (Layke Anderson) and Jake (Benn Northover) both work in a bar as stripper in Amsterdam in the early 1980s. Immediately after they start their love affair, Jake has an outbreak of AIDS-related symptoms, which puzzles the doctors, who are not yet familiar with the disease. The film's focus lies on his partner Frank. He suggests to the doctor (Stephen Fry) that an American customer of the bar is probably the one who infected Frank, which the doctor later confirms: this American died of the consequences of an AIDS-related disease. When Frank expresses his anger towards this man, the doctor asks if Frank would be angry with Jake if Frank himself were ill, at which Frank replies: 'No, that's completely different because he didn't know,' thus suggesting that, being a queer American in the early 1980s, this customer must have had knowledge of AIDS and willingly infected 'innocent' Europeans.¹⁶³

In *The Living End*, Jon (Craig Gilmore) tells his friend Daisy (Mary Woronov) he has tested positive for HIV, at which she replies: 'I just can't believe it. I mean, you were careful, right?' Jon: 'Yeah, most of the time.' Daisy: 'It was Craig, wasn't it? I never trusted that guy, I

¹⁶² Bryan Singer en Dexter Fletcher, *Bohemian Rhapsody* (2018), 01:15:??.

¹⁶³ Jean-Claude Schlim, *House of Boys* (2009), 01:18:21-01:18:36.

told you. His karma sucked.’ Jon: ‘I don’t know, I’m not blaming anybody, except myself.’¹⁶⁴ By saying that Jon’s ex-partner’s ‘karma sucked’, Daisy suggests that Craig’s past ‘bad’ actions lugged along with him and are the cause of Jon’s uncertain future; she thus connects her observations to a clear chain of linear temporality and logic (she did not like Craig, so he is the logical cause of Jon’s misfortune). Jon, however, confesses that he only had safe sex ‘most of the time’ and shows that it is useless to try to single out the moment of infection, as well as the person who has infected him. Not his past is relevant to Jon, but rather the uncertainty of his future – but I will elaborate this in chapter 3.

2.2.5 Infection anxiety

Tim Dean quotes Freud to give a definition of anxiety, which ‘describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one’.¹⁶⁵ Anxiety is, however, a paradoxical emotion: while it can protect ‘its subject against fright’, thus making it avoid possibly harmful situations, ‘it also tends to be experienced as a form of psychic discomfort that we wish to protect ourselves *from*. There comes a time when one wants protection from protection itself.’¹⁶⁶ Dean asserts that while in anxiety, one inhabits different time zones at once: one of health and of illness; one of endless possibilities and of a limited future; one of an ‘innocent’ past and of a past with consequences for both present and future. Thus, mentally balancing between those different temporalities, characters who experience anxiety express an unbalanced emotional state of mind. Hereafter, I will shortly discuss how anxiety’s paradox is addressed in AIDS films with regards to the possibility, or dread, of infection with HIV.

The feeling of anticipating and dreading a diagnosis at the same time while emphasizing the ‘logic’ of being diagnosed with AIDS, as well as the need for a biographical instead of a medical understanding of this diagnosis, are all visible in the Freddie Mercury biopic *Bohemian Rhapsody*. In a scene set in 1982, Freddie is asked by a journalist if he thinks that ‘the more partners you have, the more chances you have of contracting something’,¹⁶⁷ after which the film images suggest an almost surreal, strong feeling of dissociation and desynchronization

¹⁶⁴ Gregg Araki, *The Living End* (1992), 00:07:02-00:07:30.

¹⁶⁵ Dean, ‘Bareback time’, 81.

¹⁶⁶ *Ibidem*.

¹⁶⁷ *Bohemian Rhapsody*, 01:17:??-01:18:??.

from his surroundings: the colors of the shot get very bright while the normal environmental sounds are interrupted; this artificial silence then becomes filled with an increasing rustling sound, which abruptly ends in a loud 'snap' of a camera flashlight. As the press conference progresses, the chronology of the journalist's questions and Freddie's answers gets disrupted, repeating over and over again the phrase 'contracting something', combined with 'What are you afraid of, Freddie?', while we hear distorted, echoing voices in the background and see close-ups of Freddie sweating and variably see his face, as well as the faces of the journalists, in a haze. The increasing chaos in the *mise-en-scène* abruptly breaks off with a black screen and its accompanying silence. The suggestion that Freddie has 'contracted something' drags on in several scenes where Freddie is shown to be feeling ill, while the viewer is left to wonder what explanation he himself gives to his symptoms. By repeating the phrase 'contracting something' in a scene that conveys Freddie's subjective experiences, it is made clear that he, indeed, fears he might be seriously ill. He is seen to be drinking heavily and to use drugs, which can be explained by referring to the wish to protect oneself against one's feeling of anxiety, as explained by Dean in the quote above. Finally, Freddie coughs up blood in a scene set in 1984 and connects his experiences of vague illness with a television reportage he accidentally sees about AIDS, after which he visits a doctor and gets his diagnosis. He then regains self-confidence.¹⁶⁸ The waiting time of anxiety is over, which makes him regain his peace of mind.

In other films, the anxiety that accompanies the uncertainty of infection with HIV is visible in short dialogues, such as in *Théo et Hugo* or in *Angels in America*. In both fragments, the anxiety of the character suddenly erupts in a rather hysterical exclamation which is, in both cases, explicitly linked to time. In *Théo et Hugo*, Théo's anxiety is directed towards his plans for the future, which are now called into question: 'If I'm HIV positive, that's the end of the wild ideas, right?'¹⁶⁹ In *Angels in America*, the Mormon character Joe (Patrick Wilson), who has only recently started to discover his own homosexuality, exclaims that he is willing to let his past behind: 'I can give up anything (...) Maybe I'm even infected! I don't wanna be! I wanna live now! I can be anything!'¹⁷⁰ Joe's anxiety, then, makes him want to free himself from the burden of both past and future and re-imagine himself as a new man. While Théo interprets the uncertainty of infection as something that makes his prospects for the future impossible,

¹⁶⁸ *Idem*, 01:25:??-01:40:??.

¹⁶⁹ 'De toute façon, si je suis séropo je peux faire une croix sur mes désirs, non?' *Théo et Hugo dans le même bateau*, 01:09:30.

¹⁷⁰ *Angels in America*, disc 2, Chapter 5 'Beyond Nelly', 00:59:00.

Joe sees this uncertainty as something that opens up his future: anxiety can thus be directed in both directions, but always means a rupture from 'normal' temporality and its expectations.

Dean interprets bareback sex as one way of avoiding the unpleasant feeling of anxiety 'that results from occupying asynchronous temporalities, preferring instead to resolve the matter one way or the other and thus to feel sure about which temporal zone we're inhabiting. The desire to seroconvert, to become HIV-positive (...) may be the clearest example of an attempt to resolve the anxiety-inducing doubleness of occupying two different time zones at once.'¹⁷¹ This desire, which is, as Dean admits, 'unfathomable' to most people, is addressed only rarely in AIDS films. One example is visible in *Angels in America*, where Louis is engaging in random sex after he has broken up with his HIV-positive partner Prior. When Louis's sex partner suddenly admits that his condom has broken, Louis replies in a desperate, almost hysterical way: 'Keep going, infect me, I don't care.'¹⁷² The reasons for Louis's break-up with Prior are complex: while he cannot stand seeing his partner's health deteriorate, he also wants to reject the anxiety of the possibility of having been infected with HIV by disidentifying with Prior, and thus with Prior's illness. At the same time, he is guilt-ridden because of his decision of breaking up. Thus, getting infected for sure would bring him peace of mind, as well as the possibility of returning to Prior, who's fate, and thus temporality of illness, he then would share.

2.3 Past-present-future time

In this paragraph, I focus on the relation between the ideological and normative dimensions of temporal structures and narratives and the way people apply those on their own interpretation of the world. While heterosexual contact is commonly understood as something that can have consequences for the future (as in, conceiving a child), homosexual contact did not bear this connotation before the outbreak of the AIDS crisis; therefore, it could be experienced, at least in a specific historical and social context which does not connect the possibility of legal prosecution to homosexual contact, as an action without any consequences, untouched by either past or future. In a world which is influenced by the experience of AIDS and the possibility of infection with HIV and AIDS, (homo)sexual contact is, however,

¹⁷¹ Dean, 'Bareback time', 81.

¹⁷² *Angels in America*, disc 1, Chapter 2 'In Vitro', 01:13:30.

normatively reinterpreted as 'a chain of transmission from the past'¹⁷³ with heavy consequences for one's future, even carrying within it the possibility of erasing every sense of future by causing an untimely death. Below, I will elaborate the tension between those two stances: the (utopian) interpretation of homosexual contact as an action without consequences versus the (historical, AIDS-conscious) interpretation of homosexual contact as a possible bringer of disease and death.

2.3.1 Safe sex

Crimp relates the emergence of HIV/AIDS to the loss of 'a vast (...) gay male lifeworld'.¹⁷⁴ While José Esteban Muñoz asserts that the sexual practices and (public) spaces in which they were practiced have not disappeared, but instead 'have been translated in the age of safer sex',¹⁷⁵ queer film characters living during the AIDS crisis, as well as queer film characters set in a contemporary age, regularly articulate a sense of frustration with the practices and methods of safe(r) sex.¹⁷⁶

In *Jeffrey*, the frustration experienced with regards to sexual contact during the AIDS crisis is one of the film's main subjects. This frustration takes many forms, as the film shows a rhythmic sequence of short shots where Jeffrey's sex partners either panic over a broken condom, propose to 'just cuddle (...) like little bunnies or babies', or share their latest blood-results before having sex.¹⁷⁷ This sequence results in Jeffrey's nightmarish fantasies: the first shot shows a man being wrapped completely in plastic foil, wearing plastic gloves and a facial mask, after which Jeffrey looks in the camera with horror. The second shot shows how Jeffrey imagines himself to be lying in bed with a woman, after which he wakes up, screaming 'No!'¹⁷⁸ For Jeffrey, the last straw that breaks the camel's back and that leads him to the decision of sexual abstinence, is a moment he reflects upon instead of living it in the 'now': he remembers how a sex partner started crying in bed, saying 'This used to be so much fun.'¹⁷⁹ This short scene, where Jeffrey remembers a moment when a partner remembers the queer sexual

¹⁷³ Sontag, 'AIDS and its metaphors', 158.

¹⁷⁴ Crimp, 'Mourning and militancy', 139.

¹⁷⁵ Muñoz, *Cruising Utopia*, 34.

¹⁷⁶ See, for example, *The Living End* 00:57:57; *120 BPM* 00:44:30; Episode 4: 'Perestroika: Stop moving!' in: Mike Nichols, *Angels in America* (2003), 00:08:00-00:10:00.

¹⁷⁷ *Jeffrey*, 00:00:47-00:01:35.

¹⁷⁸ *Ibidem*, 00:01:48-00:02:04.

¹⁷⁹ *Ibidem*, 00:02:47.

culture from before the AIDS crisis, shows the strong emotional appeal that images of the past have on a present that is seriously restricted by the risk of infection with HIV.

2.3.2 Utopian sex

In no other film is the tension between the experience of sexual contact as ‘a culture of sexual possibility’ (Crimp), free of consequences, and the normative understanding of sex as ‘a chain of transmission’ (Sontag) more clearly articulated and visualized than in *Théo et Hugo*.

First, we see how the main characters, during their sexual contact with other men, make use of the condoms provided by a centrally placed automat. At 00:10:24, Théo and Hugo first look each other in the eye, which changes the scene completely. The space around them was previously shown as rather narrow and filled with other men engaging in sexual activities: it now widens up and puts those other men at the limits of the screen. Furthermore, a white light brightens the bodies of the two main characters and thus clearly puts them apart.

I suggest that their sexual contact can be understood by making use of Muñoz’s concept of ‘queer utopian memory’. While Muñoz singles out moments that ‘tell, remember, and reflect on public sex’, he does not understand them as ‘nostalgic discourse’ but instead presents them as moments in which ‘queer utopian remembrance reenacts [sic] what Crimp has called a culture of sexual possibility.’¹⁸⁰ As I explained in chapter 1, utopia, according to Muñoz, is the performance of a queerness that is an ‘ideality (...) distilled from the past and used to imagine a future’ that rejects the ‘here and now’, enacting possibilities that cannot be understood by drawing on any known social frameworks.¹⁸¹ In *Théo et Hugo*, what we see is, indeed, not a nostalgic reconnection to sexual possibilities that date back from before the AIDS crisis, but a re-enactment of those possibilities without realizing their connection to the past. While at the level of the characters, their sexual contact cannot be seen as ‘queer utopian memory’ (emphasis added) because of the said independence from the past, this concept can be applied on the levels of both filmmaker and viewer: we are watching the contact between two characters who place themselves outside of history, while we, viewers and filmmaker alike, are conscious of our (and their) place in history, as visualized in the clearly visual condom automat in the film scene.

¹⁸⁰ Muñoz, *Cruising Utopia*, 35.

¹⁸¹ *Ibidem*, 1.

At 00:15:36, the first words are spoken. Théo asks Hugo if he always keeps his eyes shut while having sex, at which Hugo answers: 'I'm with you. It helps me to be with you. I'm looking at you...'¹⁸² In a way, both men reject here the 'here and now': Théo by ignoring the condom automat and the urge to have safe sex that it represents, and Hugo by keeping his eyes shut to have sex with an imagined rather than a real partner, in an imagined rather than an actual space.¹⁸³ (I will further elaborate the 'utopian' temporalities shown here in §2.4.1.)

This utopian sex scene in *Théo et Hugo* stands in contrast with a utopian scene in *Jeffrey*, where the viewer gets access to a fantasy of Steve (Michael T. Weiss), who imagines how he and his love interest Jeffrey, respectively bartender and waiter at a posh AIDS-awareness party, dance together with the other crew members instead of working. This fantasy scene is utopian because it rejects the here and now in several ways. First, it reverts the class, color and sexual orientation divides at the party, where rich, white and overwhelmingly straight people present themselves as benefactors while ignoring the crew who makes their self-presentation possible: a crew that mostly consists of poor, queer men of color, who are thus more likely to be affected by the consequences of AIDS. Steve's fantasy is also utopian because it enables Steve to dance in erotically suggestive positions with Jeffrey, who keeps Steve at distance in 'real life'. However, Jeffrey suddenly blocks Steve's fantasy by screaming 'no!' when Steve imagines Jeffrey to be caressed by several men, at which Steve says: 'You can't do that, this is *my* fantasy.' Jeffrey replies: 'We're not allowed to have fantasies, not anymore.'¹⁸⁴ Here, Jeffrey's interpretation of the AIDS crisis as a time during which it is impossible to enjoy carefree sex, blocks every visualization of utopia: he cannot allow himself to be swept away in a fantasy of another world because he needs all his focus to live his present-day life of risk reduction.

Another reference to a utopian interpretation of sex is made in *Plaire, aimer et courir vite*, when Jacques reflects on queer cultural icons. He has the habit of categorizing attractive boys on the basis of (his interpretation of) queer historical figures, and describes that 'the

¹⁸² 'Je suis avec toi. Ça m'aide pour être avec toi. Je te regarde...'

¹⁸³ The directors have not visualized the environment of, and happenings at, the sex club as utopian in itself. Before Théo and Hugo have eye contact, the viewer has witnessed several moments of (subtle) rejection and competition between several men, such as an older man who makes a fruitless pass at Théo, and Théo himself, who only has eyes for Hugo but first has to settle for another man. While several queer theorists have understood such environments that enable the experience of abundant queer sexuality as a kind of 'brotherhood far removed from the male bondage of rank, hierarchy, and competition that characterize much of the outside world' (Denis Altman, quoted in Bersani, 'Is the rectum a grave?', 206), Leo Bersani recognizes that those environments can be seen as some 'of the most ruthlessly ranked, hierarchized, and competitive environments imaginable.' In: Bersani, 'Is the rectum a grave?', 206.

¹⁸⁴ *Jeffrey*, 00:18:48-00:20:15.

[Walt] Whitman kind of boy has slept with everyone,' suggesting 'a huge homosexual orgy parallel to the one of Adam and Eve.'¹⁸⁵ Here, the 'chain of sex' Sontag describes negatively with regards to AIDS, is put in a positive, utopian light, claiming queer history to be equally 'rooted' into (Western) culture as heteronormative culture, while staying apart ('parallel') from it.

2.3.3 Reinterpreting utopia

Throughout the film, the sex scene in *Théo et Hugo* gets reinterpreted several times, both in an explicit narrative and through the combination of images and sounds. As Tim Dean argues, 'sexual events have no meaning in themselves (...) except what is retroactively imposed upon them via complex operations of meaning-making that involve both psychic and cultural processes.'¹⁸⁶ Indeed, both processes can be distinguished in the retroactive reflections of Théo and Hugo.

When they leave the club and cross the streets of nightly Paris by bike, their reflection begins. Hugo starts with a psychological meaning-making that tries to formulate and create at the same time his coup-de-foudre feeling of a special bond with Théo: 'Just now, with you, it was particular. Making love with you was not banal. (...) It was as if we have *made* love, the two of us, you know.'¹⁸⁷ The utopian experience they are recollecting starts, however, to unravel: Théo replies that he couldn't understand what Hugo said because of the distance between their bicycles and the traffic noise. Their connection is no longer self-evident: the world comes between them. When Théo reconnects his experience to that of Hugo, traces of a cultural narrative drop in: 'For me too, it was particular. I haven't done that before. (...) It was great, better, even. Anyway, I prefer it.'¹⁸⁸ It becomes clear that Théo speaks of having sex

¹⁸⁵ 'Le genre Whitman (...) on se rend vite compte qu'il a couché avec tout le monde (...) vaste coïte sodomite universelle, parallèle à celui d'Adam et Eve.' *Plaire, aimer et courir vite*, 00:53:???. This 'genealogical claiming' of famous (supposed) 'homosexuals' is typical for what queer theorist Christopher Nealon has called the 'ethnic model' of queerness, which focuses on a 'cultural unity of homosexual experience in history'. This model 'rose to prominence' in the second half of the twentieth century thanks to the development of queer communities and is still very popular, both out of activist means and to fight the loneliness often associated with living as a queer person. See: Christopher Nealon, *Foundlings. Lesbian and gay historical emotion before Stonewall* (Durham en Londen 2001) 2-7.

¹⁸⁶ Dean, 'Bareback time', 89.

¹⁸⁷ 'Tout à l'heure, avec toi, c'était particulier. Faire l'amour avec toi, ça n'a pas été banal. (...) C'était comme si on a fabriqué de l'amour tous les deux. On a vraiment fait l'amour, tu comprends?' *Théo et Hugo*, 00:24:24-00:24:45.

¹⁸⁸ 'Pour moi aussi, c'était spéciale. J'avais jamais fait ça, avant. (...) C'était bon, hein. Meilleur, même. Moi en tout cas, je le préfère.' *Ibidem*, 00:25:51-00:26:23.

without a condom. Théo's narrative shows he didn't *forget* to use a condom, but consciously *refrained* from using it, while recognizing that it was non-normative behavior: he didn't do it before, but it was worth trying, and now he prefers it. Not using a condom is part of the 'culture of sexual possibility'¹⁸⁹ that has partly disappeared with the emergence of the AIDS crisis, something Théo doesn't recognize just now: he somehow sees it as 'just' a cultural narrative which he can put aside when he does not like it, without any consequences.

Some minutes later, Théo reinterprets his sexual encounter with Hugo as he cycles towards the hospital.¹⁹⁰ We see Théo from far off on his bicycle, after which we get a close-up of his worried expression. This use of the close-up can be linked to what Matilda Mroz says about it, reinterpreting Deleuze: 'it enacts not an immediate bodily sensation or idea, but "a possible sensation, feeling or idea" which extends in time.'¹⁹¹ Indeed, this close-up conveys how Théo's thoughts are extended in time. His movements are played in slow-motion as the soundtrack develops a heavy beat. We hear a flashback of Hugo's voice: 'I am with you', which he said while having sex.¹⁹² Slowly, Théo's face fades into the still face of a man at the club, shown in such heavy contrasted light that it looks like a skull, red against a stark black background.¹⁹³ We see one still of such face after another in an increasing pace while we hear a flashback of Hugo's moaning, which gets repeated over and over again until both sound and images suddenly stop and we see Théo's back while he's still cycling.

This rhythmic interplay of images and sound suggests that Théo was 'lured' into an unsafe sexual contact by Hugo's moaning and exclamations, which are, by being mechanically repeated in this reinterpretation, conveyed not so much as expressions of sincere sexual enjoyment but rather as imitations of pornographic conventions. By visualizing the face of the men who were present at the sex club as skulls, they are shown as potential carriers of death, while by increasing the speed in which the images are shown, Théo's feeling of the inevitability of this 'trap' leading to disaster is conveyed.

Indeed, to 'repeat an image' or a sound 'over and over' is to change its initial temporality, as Elizabeth Freeman asserts;¹⁹⁴ instead of living through it in an ever-flowing and linear now, one starts to 'own' a moment by restructuring it on the basis of psychological needs. Théo now feels sorry for himself: he reimagines himself no longer as someone who

¹⁸⁹ Crimp, 'Mourning and militancy', 139.

¹⁹⁰ *Théo et Hugo*, 00:33:19-00:34:00.

¹⁹¹ Mroz, *Temporality and film analysis*, 58.

¹⁹² *Théo et Hugo*, 00:15:36.

¹⁹³ *Ibidem*, 00:33:27-00:34:00.

¹⁹⁴ Freeman, *Time binds*, xviii.

prefers not to use a condom in order to have a more enjoyable sexual contact, but as someone who is lured into a pornographic fantasy-world where actions are presumably without consequences, while in fact, the actions committed there will haunt them way into the reality of the actual world.¹⁹⁵

2.4 Inner time and rhythms

In this paragraph, I will first focus on interpretations of the characters' inner time as visualized in the sex scene in *Théo et Hugo*. I understand inner time in terms of Bergson's concept 'duration' [*la durée*]: distinct from temporal structures that can be measured in their relation to external objects, such as clocks and calendars as well as other people's actions and cultural frames, duration is time as lived change, as the experience of consciousness itself. Below, I will compare this experience with the experience of drunkenness, which detaches itself from normal temporality. Finally, I will conclude this chapter by focusing on sexual abstinence, which entails a high sense of control over one's own bodily needs and inner rhythms. In several AIDS films, sexual abstinence is presented as the highest degree of control over eventual transmission of the virus.

2.4.1 Drunkenness

I return to the sex scene in *Théo and Hugo*, which strongly refers to their experience of inner time, both in the visualization of the sex scene itself and in a later reflection on it. After the more psychologically and culturally driven reflections I have elaborated in 2.3.2 and 2.3.3, the main characters return once more to those memories. I quote Théo: 'I think I felt safe with you. I haven't thought more about it. I felt good, happy. It seems so irrational right now. It was so evident, then.' Hugo: 'Yes, it was evident. Between us, there is something evident. We got careless.' Théo: 'Did you drink? I didn't, either. But it was as if I was drunk.'¹⁹⁶

¹⁹⁵ As Cindy Patton explains, 'commercial porn films' are provided, from the nineties on, with a caution 'that all actors are practicing safe sex, even if the editing hides it'. Porn films and the explicit depiction of safe sex are often at odds with each other since porn visualizes an impossible and unrealistic ideal, which cannot be easily united with the necessity of practicing safe sex of 'real life'. In: Patton, 'Safe sex and the pornographic vernacular', 32.

¹⁹⁶ T: 'Je crois que je me senti en sécurité avec toi. J'ai pas réfléchi plus que ça. Je me senti bien, heureux. Ça me parait tellement irrationnelle maintenant. Ça a été si évident en ce moment.' H : 'Oui,

By comparing their state of mind during their experience to that of a drunk person, they point at the queerness of their experience. As medical humanities theorist Guilherme Messas explains, 'the temporality of drunkenness is unique':

It 'is that of the instantaneous, the enthronement of the instant as the preferred modality of being-in-the-world. (...) The instant, despite fastened to present time, detaches a slice of and transfigures it. Present time has meaning to the extent that it is infixed in the past and inevitably slides down onto the unknown. Present time is, as it were, a short-lived and in a way purely conceptual stop on the continuous flow of experience. The instant detaches itself from the flow, longing for shelter in a unitary sphere beyond time, thirsty for temporal independence. In other words, in the enthronement of the instant there is a desire to reject temporality'.¹⁹⁷

By putting Théo and Hugo apart through the use of white light and by stretching out the space that surrounds them, they are 'detached' from the 'normal' flow of sexual temporality; they live not in 'pure presentness', as Sontag understands the ideal moment of sexual contact, but rather in an instant that is *detached*, in their experience, from time. While they use the comparison with drunkenness as an explanation for their memory of being detached from time, Deans reflection on the temporalities of HIV/AIDS in relation to bareback sex is helpful to understand what might have happened. Dean explains, drawing on Freud, how 'unconscious mental processes' are 'timeless' because 'they are not ordered temporally [and] have no reference to time at all'. 'The atemporality of the unconscious helps to account for how sexual life may appear out of sequence (...) Its immunity to time also is connected to the constitutive ignorance of one's own mortality that persists in the unconscious'.¹⁹⁸ Maybe they did not as much *desire* to reject temporality as they *forgot* about it, drawing on their subconscious ignorance of their mortality. As Dean puts it: 'subjectively we live in time but not in chronology [i.e. calendar and clocked time, see §2.1]. The human organism moves through time chronologically while the psyche follows a different temporal logic',¹⁹⁹ which causes conflicts

c'était évident. Entre nous, il y a quelque chose d'évident.' T: 'T'avais bu? Moi non plus. Mais c'était comme j'étais saoul.' *Théo et Hugo*, 01:13:56-01:14:30.

¹⁹⁷ Guilherme Messas, paragraaf 'The Temporal Essence of Drunkenness' in: 'On The Essence of Drunkenness and the Pathway to Addiction: A Phenomenological Contribution' *The Journal of Addictive Behaviors, Therapy & Rehabilitation* 3 afl.2. zonder paginanummer. <https://doi.org/10.4172/2324-9005.1000121>

¹⁹⁸ Dean, 'Bareback time', 84.

¹⁹⁹ Ibidem.

between the linear time of the organism and the queer temporalities of the psyche. Indeed, Jacques Martineau and Olivier Ducastel, the filmmakers of *Théo et Hugo*, make clear that their characters are only subjectively freed of this cause-and-effect temporality, not in the 'actual' world of the organism. Already at 00:12:51, while proceeding their sexual contact, the light and space around them become normal again: they are lighted by the same red spots as the (now closer by) other men. Théo and Hugo have, during one utopian moment, rejected linear temporality. Linear temporality, however, which becomes manifest in the understanding of the risk of being infected with HIV through their sexual contact, always catches up with them.

2.4.2 Abstinence

Finally, I will take a look at characters who decide, influenced by the AIDS crisis, to refrain from having any (physical) sex at all. This decision opposes their inner time, which includes the regular need for sex. Medical humanities researchers distinguish between the 'constraints resulting from infections' and the 'restraints worked out in response to this situation.'²⁰⁰ Sexual abstinence can either be a constraint, when it is medically advised to refrain from having any sexual contact, as is the case in *An Early Frost*, or a restraint 'adopted out of apprehension.'²⁰¹

In *120 BPM*, Nathan tells that after he saw an article in a magazine with pictures of an American man 'before' and 'after' he got AIDS, in which the latter picture shows a gravely deformed face, he stopped having sex all together during five years: 'It was the first time I saw a gay couple in a magazine, but it was to tell that the homosexuals would die. (...) I didn't know if I could contaminate or get contaminated. I didn't believe condoms worked. When I realized they did, it was a liberation.'²⁰² Thus, lack of knowledge about medical facts, combined with the narrative in which AIDS gets equated with homosexuality, gave way to a fear that was only controlled through sexual abstinence, and, finally, overcome through a growing knowledge about medical facts.

In *Jeffrey*, however, what is at stake can best be understood by insights drawn from queer theory rather than by medical humanities. At first, Jeffrey chooses sexual abstinence

²⁰⁰ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 74.

²⁰¹ Ibidem.

²⁰² 'C'était la première fois que j'ai vu un couple gay dans un magazine. Sauf que là, c'était pour dire que tous les homosexuels allait mourir. (...) Je ne savais pas s'il j'avais le virus, si je pouvais le filer ou me faire contaminer... J'ai mis longtemps à croire en capote, et quand j'ai compris que ça marchait, c'était une délivrance.' *120 BPM*, 01 :22 :40-01 :23 :15.

because he wants to stop mourning for the loss of the queer sexual culture with which he is confronted each time he has sexual contacts in the AIDS-ridden present: the shrill contrast between his previous experiences and the fear-driven now is simply too painful to bear. This narrative confirms Crimp's above-quoted assertion that 'men of the Stonewall generation' see 'safe sex (...) less like defiance than resignation (...) [and] melancholia.'²⁰³ Jeffrey reflects: 'Sex is too sacred to be treated this way. Sex was never meant to be safe or negotiated.'²⁰⁴ Jeffrey's timing of this decision for abstinence is, however, a bad one, as he falls in love immediately afterwards with Steve. His sexual abstinence changes from melancholia- to fear-driven when he learns that Steve is HIV-positive: he is 'afraid to touch' him and feels as if 'life is suddenly radio-active'.²⁰⁵

In the case of a HIV-positive character, sexual abstinence can be a restraint, resulting from the fear to infect others. Films that follow this narrative usually show how 'uncomplicated' sex is only possible when the partners both are HIV-positive, as is the case in *Dallas Buyers Club*²⁰⁶ and in *The Living End* as a whole, as well as (more implicitly) in *120BPM*, when Thibault (Antoine Reinartz) says 'Too bad' after learning that, unlike himself, the handsome Nathan (Arnaud Valois) is HIV-negative.²⁰⁷

To conclude, it is possible to distinguish two main causes for conflicting temporalities in AIDS films regarding infection with HIV. First, the impossibility to determine (retrospectively) the moment of infection with HIV can result in different ways of dealing with time. One's sexual past grows suspicious and can be reactivated in the present, when one moment of this past is singled out in order to be understood biographically. The singling out of this moment of infection can be used as fuel for present-day activism when understanding one's own biography in terms of progress, or it can be used to transform fear and uncertainty into anger towards someone who is made a scapegoat. When a film is vague about infection time, this can either be understood as true to the experience of many queer men during the AIDS crisis, or it can condemn queer sexuality as a whole by suggesting that it inevitably leads to disease.

Secondly, films relate differently to the lost 'culture of sexual possibility' of pre-AIDS crisis time. Some characters reject their (individual and/or collective) sexual past as they adopt

²⁰³ Crimp, 'Mourning and militancy', 139-140.

²⁰⁴ *Jeffrey*, 00:02:14-00:02:30.

²⁰⁵ *Ibidem*, 01:01:25 en 00:41:20.

²⁰⁶ *Dallas Buyers Club*, 01:07:44.

²⁰⁷ 'Domage.' *120 BPM*, 00:16:33-00:16:37.

a narrative of progress, sometimes assimilating heteronormative (monogamous) and/or asexual structures. Others decide for sexual abstinence so as not to be constantly confronted by the loss of this queer sexual culture. They can try to reactivate its possibilities in the present, whether in fantasy or by rejecting the AIDS-ridden present. Those utopian reconnections to queer sexual history, however, are always visualized as provisional and temporary moments of escape from the cause-and-effect temporality in which the human organism develops and lives : the possibility of infection with HIV in the end always pursues the characters.

3. Illness time

Generally speaking, three major phases of culturally constructed temporality with regards to the life expectancy of people with HIV/AIDS since the beginning of the AIDS epidemic can be distinguished: first, from the early 1980s until the middle of the 1990s, the HIV-positive person is generally conceived as already ill, while having AIDS is conceived as being already dead.²⁰⁸ From the middle of the 1990s, when reliable medication against HIV/AIDS becomes available, 'the infected body [is reinvented] as one of suspended animation; it encourages the HIV subject to move forward with narrative futurity, but also with the consciousness of potential collapse.'²⁰⁹ Because experience has learned the reliability of antiretroviral therapy (ART) with regards to the suppression of HIV, present-day health carers emphasize the fact that when taking ART, HIV-positive people have a life expectancy that is as high as the life expectancy of HIV-negative people. Not a suspension of life is at stake nowadays, but a 'normal' lifespan, which is presented as available to present-day HIV-positive people.²¹⁰

However, as I have argued in §1.1.1, while it is certainly true that the discovery of an effective combination treatment against HIV/AIDS in 1996 changed the life of (mainly Western) seropositive people drastically, as it did with their experience of temporality, I suggest that the phenomenology of AIDS in general, including today, always *also* involves aspects of living with a chronic disease.

In most cases, living with HIV/AIDS – even at a time when to most people, the disease indeed was terminal – involves several moments in which the health of the person living with it could 'temporarily (...) be managed', after which another health break-down occurred.²¹¹

This characteristic development of AIDS – sometimes called a 'see-saw movement' or compared to the movements of the dance macabre in which a person moves forward and collapses in a 'vacillating rhythm'²¹² – makes the patient live through several divergent phases and symptoms, phases which can be suspended during a longer time or can suddenly give way

²⁰⁸ Bruhm, 'Still here', 318.

²⁰⁹ Ibidem, 328. Sadly, no AIDS film known to me handles the issue called 'the Lazarus Syndrome', which refers to the complex and mixed feelings of individuals from the generation of HIV-positive people who expected a fatal ending but who, thanks to the introduction of new medication, suddenly got 'a second life'. See: Demmer, 'Grief and survival in the era of HIV treatment advances', 6.

²¹⁰ Rosalie Hayes, 'Life expectancy for people living with HIV', *AIDSMAP*, juli 2023.

<https://www.aidsmap.com/about-hiv/life-expectancy-people-living-hiv>, laatst geraadpleegd op 29 augustus 2023.

²¹¹ Bruhm, 'Still here', 322-328.

²¹² Idem.

to a new outbreak of another AIDS-related disease of which the outcome is, once more, uncertain. Furthermore, a person could live for many years as HIV-positive in 'a temporality of pre-sickness'²¹³ before developing any AIDS-related symptoms, or never develop full-blown AIDS at all. This uncertainty of the (outcome of the) process related to HIV/AIDS and the suspended phases of living with HIV/AIDS make me understand the lived experience of HIV/AIDS by making use of aspects that are thought of as characteristic for the phenomenology of living with a chronic disease, involved as they are with all the new temporalities people living with a chronic disease experience.

As Susan Sontag has asserted in her 1988 essay on HIV/AIDS, 'AIDS is progressive, a disease of time. (...) Thinking in terms of "stages" is essential to discourse about AIDS.'²¹⁴ Even for present-day people living with HIV/AIDS, the idea of 'stages' is dominant in discourse about their personal experiences; for example, the long-term effects of anti-retroviral therapy (ART) may influence one's health and accelerate the normal process of aging, which can result in middle-aged people who experience symptoms commonly associated with old age, thus upsetting the 'normal' stages of one's life and health.²¹⁵ While not in its entirety applicable to all people living with HIV/AIDS, certain phases which are distinguished in medical humanities studies regarding the course of a chronic life-threatening illness, are still very useful to understand certain temporalities involved with living with AIDS:

'1. prediagnostic phase (the period between when the individual suspects a problem and seeks medical help), 2. acute phase (diagnosis), 3. chronic phase (coping with the illness), 4. recovery phase (temporary remission),²¹⁶ 5. terminal phase (preparing for death).'²¹⁷ I will use this terminology throughout this chapter.

While this chapter speaks mostly about the experience of living with AIDS and thus of the diverse aspects of coping with an actual illness, I also take into account the experiences of people living with HIV, which is called, by Carricaburu and Pierret, 'a situation at the risk of illness', describing their specific situating as trying to 'manage an apparently healthy life in conditions of uncertainty.'²¹⁸ While the illness is not there yet and may never really break out,

²¹³ St. Pierre, 'Living with chronic pain', 31.

²¹⁴ Sontag, 'AIDS and its metaphors', 107.

²¹⁵ See for example: Alicia Alongi, 'Getuigenissen. Leven met aids/hiv: gisteren, vandaag... en morgen?', *Medipedia*, <https://medipedia.be/nl/hiv-aids/getuigenissen/leven-met-aidshiv-gisteren-vandaag-en-morgen>, laatst geraadpleegd op 29 november 2023.

²¹⁶ While Demmer uses the term 'recovery phase', this may sound misleading as it does not refer to an actual recovery, which is impossible by a chronic disease, but to a temporary remission of health. I will thus use the term 'temporary remission' when referring to this phase.

²¹⁷ Demmer, 'Grief and survival in the era of HIV treatment advances', 10.

²¹⁸ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 66.

people living with HIV at a time when proper medication was not yet available live in a queer temporality, in which identifying with or negating other's illness trajectory with regards to their own future are but two tactics of handling their complex situation.

Regarding the lived (phenomenological) experience of living with AIDS, I rely heavily on medical humanities studies on living with chronic pain. As a starting point for analysis of the diversity of temporalities that can be experienced through chronic pain, I quote Joshua St. Pierre, himself an experience expert on life with chronic pain:

Pain raises questions that push beyond the perceiving-volitional subject to get at the very nature of subject formation. Questions of despair —*Can I project a future? Can I desire a self in relation to that future? How long until I return to this floor?*— foreground other existential themes like thrownness—*Am I predisposed to end up on this floor?*—and freedom—*Have my own life choices cursed me with pain? Am I somehow responsible?*—and, of course, hope. (...) Hope is the slow endurance of things.²¹⁹

In this fragment, I read several temporalities that I will address in my section 3.2 'Biographical time', such as the use of religious tropes ('predisposed' and 'cursed'). The 'slow endurance of things' in relation to living with AIDS will be elaborated in section 3.3 'Past-present-future time', while the specific temporal character of suffering related to a chronic disease, very apparent in this quote ('How long until I return to this floor?'), will be elaborated in my section 3.4 'Inner time and rhythms'.

Below, I will first address 'Calendar and clocked time' and take a look at how those devices for objectifying time are used in AIDS films with regards to the probable life expectancy of people living with AIDS (§3.1.1); I will also elaborate the ways in which medical temporalities can conflict with the daily life or lived experience of people with AIDS (§3.1.2) and how people with AIDS are united in paradoxical ways through memorials (§3.1.3).

²¹⁹ St. Pierre, 'Living with chronic pain', 31.

3.1 Calendar and clocked time

The devices that allow us to construct time as a measurable unit are very dominant in medically informed narratives concerning illness and, specifically, HIV/AIDS. The notion of life expectancy reinterprets one's future life through the lens of a calendar, something which *Dallas Buyers Club* addresses explicitly without, however, showing how this 'calendared time' comes into conflict with the lived experience of illness. On the contrary: the lived experiences of main character Ron are made subordinate to calendar time, and his quest for health and justice is completely visualized through this lens. In §3.1.2, I will elaborate the struggle for dominance between medically informed, clocked temporalities and the daily life of people with AIDS, focusing especially on those moments in AIDS films where the conflict between both temporalities is explicitly addressed. At the same time, however, medical temporalities also create possibilities for people living with HIV/AIDS to meet each other or to become, at least, aware of each other's presence. Finally, in §3.1.3, I will take a look at a specific clocked or planned moment that unites people with HIV/AIDS: memorials.

3.1.1 Life expectancy

The concept of life expectancy is entirely dependent on, and constructed by, the device of a calendar, which gets infused with symbolical/emotional meaning with regards to one's life as a whole. In *Dallas Buyers Club*, this concept, as well as its symbol, dominate and frame the whole film. Once main character Ron gets his diagnosis with AIDS and the accompanied life expectancy of thirty days, a black screen with 'Day one', 'Day two', etcetera is regularly inserted. On day one, while he is drunk, Ron stares at his calendar, which is then seen in a close-up with only a red number thirty on it. Ron blinks in disbelief and looks again, after which the calendar is looking normal again.²²⁰ This scene is characteristic for the importance 'calendar time' has for Ron: he becomes obsessed by living longer than thirty days. By sticking to the calendar framework throughout the film, all the other (lived) temporalities of the characters are made subordinate to it, thus easily passing by the more complex temporalities of living with AIDS. As I will argue in §3.2.3, Ron's narrative can be interpreted through the mythological lens of Prometheus; while the film's narrative does transcend Ron's personal

²²⁰ *Dallas Buyers Club*, 00:12:29-00:14:45.

quest for 'more time', the continuous framing of his 'calendared' life span simultaneously reduces Ron's Promethean fight to his wish to outlive medical predictions. The end of the film, which visualizes him in a heroic one-to-one fight between man and bull, puts the by-then familiar black screen with the days that have passed since his diagnosis immediately after a still in which Ron almost merges with the bull.²²¹ 'Day 2557' is supposed to communicate the 'happy ending' of the film, immediately followed by another black screen which informs the viewer of the day of death of the 'real' Ron Woodroof; indeed, his life is reinterpreted in its entirety by calendar time, infused with sentimental/heroic meaning.

The sound or image of a ticking clock are salient in many AIDS films. Two short examples show the meanings that can be attributed to it. In *An Early Frost*, a ticking clock is heard at several points in the film where the critical life expectancy of the HIV-positive Michael is discussed, serving as an obvious metaphor for his limited time; at the same time, it is used in an equally traditional way to refer to the discomfiting silence at the family table, indicating how slowly time ticks away when emotions are bottling up. The ticking clock, then, refers both to the limited life span of Michael and to the way his personal, queer identity problematizes what is supposed to be 'cozy' family time.

In *House of Boys*, a delicate golden clock which is the property of club owner Madame (Udo Kier), is admired by club employee Jake before AIDS is explicitly mentioned in the storyline. After Jake gets diagnosed with AIDS and gets fired by Madame, the clock reappears as a present, placed by Madame at the threshold of Jake's hospital room.²²² Here, the clock, visualized and narratively referred to as a precious object of art, takes on emotional properties. At the same time, the described scenes can be understood as a (subconscious) longing of Jake to 'own' and thus control time. When Madame gives the clock to Jake when he is very ill, this gesture can be seen as a symbolic get-well-soon present that surpasses its emotional or artistic worth: Madame wishes Jake to 'own' his time and thus get in control of AIDS.

²²¹ Ibidem, 01:47:05.

²²² *House of Boys*, 00:49:43 en 01:33:22.

3.1.2 Medical temporalities

Any chronic illness disturbs the ‘structures of everyday life’ in several ways.²²³ Several AIDS films focus on this potential conflict between medical temporalities and schedules and the patient’s daily life. After taking a look at the way medication schedules can disturb daily structures, I elaborate several instances where the conflict between medical and lived temporalities take on the character of a struggle for dominance and control.

In *120 BPM*, there are several times when Sean, in the midst of a scene, suddenly takes his medicines, thus breaking the temporal flow of the scene. This happens for example at 00:21:20, when he and his fellow activists return from a police station, or at 00:47:19, while making love with Nathan. This blunt and uncommented way of introducing the medical schedule to which he has to adhere, visualizes in a powerful way the medical schedule encroaches upon the ‘normal’ temporal flow of daily life. Also in *120 BPM*, Sean’s doctor says, on a random tone, that he will receive his chemotherapy from a doctor ‘who receives people with HIV very early in the morning.’²²⁴ No further comment is made, but the subtle cruelty of the dominance of medical time schedules is made obvious to the viewer.

In *Plaire, aimer et courir vite*, a visit to the hospital suggests how medical temporalities are in conflict with both the emotional, social and lived temporalities of Jacques. When he is diagnosed with cytomegalovirus (CMV),²²⁵ his doctor says that Jacques needs to be urgently hospitalized to undergo a whole range of medical examinations that will be ‘violent, but quick. Two or three days. I can hospitalize you today,’ which Jacques declines (in a later scene, we see he uses his ‘spare time’ to go cruising and to reflect on his past and future; see §3.4.2 ‘Blurring or setting of boundaries’). The doctor says that he should not wait: ‘I give you a week, not more,’ which Jacques accepts. The doctor continues to explain the treatment that will await him next: ‘two [intravenous] perfusions a day during at least two weeks,’ which will be the reason for Jacques, as we will see later, to avoid his love interest Arthur during those weeks in order not to be seen ill. Jacques continues with asking what the doctor will do about his stomach pains, but the doctor dismisses the question, saying it’s probably caused by anxiety:

²²³ Carricaburu en Pierret, ‘From biographical disruption to biographical reinforcement’, 69.

²²⁴ ‘Il reçoit les séropositifs très tôt le matin.’ *120 BPM*, 01:30:22.

²²⁵ Before the introduction of antiretroviral therapy (ART), cytomegalovirus (CMV) was ‘responsible for the most common viral opportunistic infection in persons with AIDS. Clinical disease due to CMV has been recognized in up to 40% of patients with advanced HIV disease.’ See: T.W. Cheung en S.A. Teich, ‘Abstract’ in: Idem, ‘Cytomegalovirus infection in patients with HIV infection’, *Mount Sinai Journal of Medicine* 66 (1999) afl. 2, 113-124. For people living with AIDS who get infected with CMV, the virus can be the cause of an eye infection (retinitis) that leads to blindness.

'You feel you're getting weaker.' Jacques answers: 'Let's say I feel full of a suicidal sadness,' at which the doctor explains that his health is better than he thinks.²²⁶ Jacques's own lived experience of his body, including specific pain, is dismissed by the medically inspired observations of his doctor, while Jacques tries to (re)gain control over his own time by postponing his hospitalization as long as possible, not in order to do 'important' things, but simply to be (or stay) in charge.

In *Dallas Buyers Club*, one of the important relationships in the narrative is the one between he-man Ron and his female doctor (Jennifer Garner). One subtle way in which she rearranges the power relationship between them is by letting Ron wait longer in the hospital's waiting room than she had previously announced. While he waits more or less patiently for a while, he finally enters her cabinet, causing her to look at her watch.²²⁷ The struggle for dominance between those two characters is visualized through their struggle to impose on one another their temporal structures. Another character with AIDS in the same film, transwoman Rayon (Jared Leto), has difficulties in keeping her appointments to go to the hospital for her treatment with AZT.²²⁸ The doctor urges her: 'Promise me you will show up for the next of the time,' at which Rayon replies playfully: 'I promise you that I will try my very best.'²²⁹

In both *Dallas Buyers Club* and *120 BPM*, another struggle for dominance, in this case between patients and pharmaceutical companies, is visualized in similar terms. In an info session about AZT in *Dallas Buyers Club*, for example, a desperate patient says 'We are dying', at which the medical board answers: 'We're going as fast as possible.'²³⁰ Similar (but more elaborated) arguments are present in *120 BPM*, in the many actions and discussions which the activists endeavour against pharmaceutical companies. In those scenes, not the temporalities

²²⁶ 'Il fallait vous hospitaliser rapidement (...) ce sera violent, mais rapide. Je peux vous hospitaliser aujourd'hui.' 'Non, pas aujourd'hui.' 'On ne doit pas traîner. Je vous donne une semaine, pas plus.' 'Eh ben, pour une semaine.' 'Après l'hospitalisation, je risque de vous passer deux perfusions par jour pendant aux moins deux semaines.' 'Et... pour mes douleurs de ventre ?' 'Je pense que l'anxiété joue beaucoup. Vous sentez que vous vous affaiblissez.' 'Disons que je me sens plain d'une tristesse suicidaire.' 'Je sais que vous en doutez, mais vous allez assez bien'. *Plaire, aimer et courir vite*, 01:19:??-01:21:??.

²²⁷ *Dallas Buyers Club*, 00:18:30-00:18:47.

²²⁸ 'AZT, or azidothymidine, was originally developed in the 1960s by a U.S. researcher as way to thwart cancer (...) Two decades later, after AIDS emerged as new infectious disease, [a lot of potential drugs were tested]. Among the things tested was (...) a re-made version of the original AZT. (...) [A] controversial trial was launched with nearly 300 people who had been diagnosed with AIDS. The plan was to randomly assign the participants to take capsules of the agent or a sugar pill for six months.' See: Alice Park, 'The Story Behind the First AIDS Drug', 19 maart 2017, *Time Magazine*.

<https://time.com/4705809/first-aids-drug-azt/>, laatst geraadpleegd op 25 januari 2024. *Dallas Buyers Club*, as well as the storyline of Roy in *Angels in America*, both address this specific trial with AZT.

²²⁹ *Dallas Buyers Club*, 00:39:02.

²³⁰ Idem, 00:23:00.

of daily life are at stake, but the pace in which their health deteriorates. The pharmaceutical companies do not take into account the individual illness trajectories, but stick to their medically informed, institutional and corporate schedules, while the medicines they are developing are supposed to help the patients. The incommensurability of the official and medical temporalities with both the patient's daily life structures, as well as the pace in which their AIDS-related illnesses develop, are at the very centre of the tragedy of the AIDS crisis.

The Living End also illustrates this conflict. The contrast between the temporalities visible in the political and medical reactions to HIV/AIDS and between the temporalities in which people with HIV/AIDS live is addressed here in a cynical but nonchalant manner. HIV-positive character Luke (Mike Dytri) refers to the political, and potentially also medical, disinterest in AIDS. The film was released in 1992 and takes place somewhere between 1989 and the time of release, since Luke, in this scene, refers to George H.W. Bush, president of the United States from 1989 until 1993. Luke suggests that 'we can hold Bush at gunpoint and inject him with a syringe filled with our blood. (...) I bet they would have a magic cure by the morning.'²³¹ It is suggested that as long as the majority of people with AIDS are queer, society at large sees AIDS as some kind of 'final solution' to get rid of queer people.²³²

As seen above, people with AIDS are often asked to come at hospital appointments at a time which separates them from other patients, which can be understood as a form of social desynchronization (which I elaborate below, in §3.2.2). Imposing temporalities that are at odds with 'normal' time, such as demanding people with AIDS to come to the hospital at a very early hour, shows how time can figure 'as a modality of power rather than a neutral substance'.²³³ This interruption of 'normal' time can be understood by applying Elizabeth Freeman's concept of 'chrononormativity', which she describes as 'a technique by which institutional forces come to seem like somatic facts. [Those are] forms of temporal experience that seem natural to those whom they privilege.'²³⁴ The time considered 'normal', then, is the time structured by 'a state-sponsored timeline', combining all kinds of moral and economical temporal normative structures into one seemingly seamless whole.²³⁵ Those institutionally induced structures prescribe, for example, what is considered as a 'normal' time to have a hospital appointment. When it comes to the treatment of AIDS, then, the medical institute forces their patients into

²³¹ *The Living End*, 00:40:05.

²³² *Idem*, 00:23:00 and 00:24:48.

²³³ Freeman, *Time binds*, 167.

²³⁴ *Ibidem*, 3.

²³⁵ *Ibidem*, 4.

structures that are considered unnatural due to other, transcending institutional forces (such as the state) and the temporal structures prescribed by them. While those disrupting temporal schedules separate people with AIDS from ‘normal’ patients, it also unites them with each other, creating possibilities to socialize or, as is the case in *Théo et Hugo*, to get in conflict with ‘normal’ patients.

In the Freddie Mercury biopic *Bohemian Rhapsody*, such a moment takes place after Freddie leaves the doctor’s cabinet at the hospital (a scene which I elaborate in §3.2.3, ‘Mythical and religious tropes’). As he slowly walks through the long and otherwise empty hospital corridor, a young man who is waiting there watches Freddie in amazement. When he passes by, the young man softly says/sings a sound which Freddie uses in one of his songs to connect with his audience. Freddie stops, repeats the sound and walks on, while we see the young man smile.²³⁶ The young man’s reaction at seeing Freddie in the hospital conveys not only his recognition of Freddie’s identity, but more importantly communicates his recognition of why he is at the otherwise abandoned hospital at that time: the musical sound Freddie otherwise uses to connect with his audience is here used by one of his fans to show they both share the same serostatus.

In *Plaire, aimer et courir vite*, Jacques enjoys watching a beautiful young man who shares his hospital waiting room; Jacques sneakily takes a picture of the young man, which is noticed by another man in the waiting room, who smiles at Jacques. A silent recognition of their shared love for (masculine) beauty passes between the men.²³⁷

As discussed in §2.1.2 ‘Exposure to HIV’, *Théo et Hugo* shows how Théo is allowed to skip the line in the emergency waiting room, since his doctor insists that his possible infection with HIV is an emergency situation.²³⁸ This emergency waiting room is filled with people with all kinds of medical emergencies, and the special treatment of Théo gives rise to one explicit case of incomprehension from an old man in the waiting room, who’s inpatient reaction is clearly mixed with homophobia: ‘Unbelievable, do they give priority to faggots?’²³⁹ Thus, medical time can give rise to conflicts of dominance between patients and doctors. A shared medical time can help people with AIDS to become aware of a shared fate, subtly reducing their loneliness; a distinct treatment of people at risk of infection with HIV can, however, give rise to incomprehension and homophobia.

²³⁶ *Bohemian Rhapsody*, 01:42:??.

²³⁷ *Plaire, aimer et courir vite*, 01:16:??-01:17:??.

²³⁸ ‘C’est une urgence’. Ibidem, 00:47:10.

²³⁹ ‘Ca alors, c’est ceux qui s’ont enulé qui ont la priorité?’ Ibidem, 00:47:24. The French original stresses the association between homosexual contact and medical risks, lost in the English subtitles.

3.1.3 Memorial time

One kind of event in which people with HIV/AIDS and their family and/or loved ones are synchronized in the same space is a memorial, visualized in many AIDS films. Several AIDS films or series, such as Russell T. Davies's *It's a Sin* (2021) and Simon Kaijers *Don't Ever Wipe Tears Without Gloves* (2012) address the intense tension between the way the biological and the 'chosen', queer family of those who died want to remember them, even to the point of the biological family denying the partner of the young man who died because of the consequences of an AIDS related disease access to the official memorial service, in *Don't Ever Wipe Tears Without Gloves*. As Crimp suggests, 'Seldom has a society so savaged people during their hour of loss. (...) [F]or anyone living daily with the AIDS crisis, ruthless interference with our bereavement is (...) ordinary (...) [T]his violence also desecrates the memories of our dead'.²⁴⁰ Keeping silent about the actual cause of death, about the life lead by the person who died, about his partners and chosen family and about the values he holds dear, all can be experienced as a way of denying the person who died and can thus be understood as the opposite of what a *memorial* is supposed to be, imposing normative values on the person who died because he cannot protest any longer against those values. In contrast, the memorials elaborated below – *Angels in America*, *Jeffrey*, and *120 BPM* – are 'queer' in character, that is, they are in firm opposition to normative structural elements that characterize a formal memorial service, or they try to negotiate a way between the traditional values held dear by the biological family and by the queer community of the chosen family. Two of these queer memorials chosen for analysis share some degree of 'campiness', while the last one focuses on the combination of activism and mourning.

In using the term 'camp', I refer to the way of seeing and performing culture in quotation marks, as Susan Sontag has put it in her 'Notes on "camp"'. Artificial, highly stylized and closely associated with queer culture in general, camp is visible, here, in the over-the-top, dramatic and colourful elements not usually added to a 'normal' and normative memorial service.²⁴¹ Queer theorist Roger Hallas quotes film theorist Steven Cohan's reflection on 'the

²⁴⁰ Crimp, 'Mourning and militancy', 136.

²⁴¹ Susan Sontag, 'Notes on "camp"' in: Idem, *Against interpretation and other essays* (New York 1964) 2-4.

dynamics of camp', understanding it as 'the formation of a queer *affect*: of taking queer pleasure in perceiving, if not causing category dissonance.'²⁴²

The idea of camp as observing or causing cognitive dissonance is interesting with regards to coping with HIV/AIDS. Since the mourning of people who died from the consequences of an AIDS-related illness is a complex and paradoxical process, camp, understood as observing or causing cognitive dissonance in a celebratory way, can be seen as a perfectly suitable, fundamentally queer way of coping. As Freeman argues, 'the government and medical industries' slow response to the AIDS crisis shortened life spans, and the ensuing losses demanded a queering of mourning itself – a way of conversing with so many dead whose projects were incomplete and with the all-too-brief culture of exuberant sexual experimentation'²⁴³ (for an elaboration of mourning this culture of sexual experimentation, see chapter 2, especially §2.4.2 'Abstinence'). Indeed, when performed during a time when the queer community was defined by the losses caused by HIV/AIDS, camp 'marks a self-conscious retreat (...) into a pre-AIDS moment, recalling an era when camp and drag were, arguably, sources of empowerment, survival, and simultaneously entertainment.'²⁴⁴

In *Angels in America*, Prior visits a memorial service of someone who died from the consequences of AIDS. This takes place after he himself has been very ill by the consequences of AIDS and has, as a result, been visited by an angel who told him her prophesy of how human progress devastates the earth, called 'the time virus', and how he should 'stop time'.²⁴⁵ (I will elaborate the complex meanings of the angel in §3.2.3, 'Mythical and religious tropes'.) It is suggested that the grim and sardonic Prior has isolated himself because of his illness and vision/hallucination, so that the memorial service is the first occasion that reunites him with his best friend Belize. The memorial service is a cheerful occasion, with gospel singers and many people attending the service dressed in exuberant drag. Prior, however, is seen for the first time wearing an almost equally histrionic black cape which sets him apart from the rest of those present; he is clearly not at ease between the cheerful and camp people surrounding him and seems bored. After the service, Prior says to Belize, who did enjoy the service: 'We faggots are just a bad dream the real world is having, and the real world is waking up. And [the

²⁴² Steven Cohan, *Incongruous entertainment: Camp, cultural value, and the MGM musical* (Durham en Londen 2005) 18, quoted in Hallas, *Reframing bodies*, 154.

²⁴³ Freeman, *Time binds*, 64.

²⁴⁴ David Román, "'It's My Party and I'll Die If I Want to!': Gay Men, AIDS, and the Circulation of Camp in U.S. Theatre', *Theatre Journal* 44 (1992) afl. 3, 305-327, aldaar 314-315.

²⁴⁵ *Angels in America*, disc 2 chapter 4 'Stop moving!', 00:34:00-00:40:00.

one who just died] is *dead*. Sorry I can't join in with the rest of you death-junkies, bloating about your survival in the face of his ugly passing, because unlike you, I have nothing to bloat about,' after which Prior continues with talking about the deterioration of his health.²⁴⁶

Prior somehow tries to personify the ugly reality of life with AIDS and thus puts himself apart from the queer community who, in this case, tries to celebrate the life of the person who died by propagating the camp lifestyle he held dear. By doing this, Prior explicitly refers to the, in the words of Crimp, 'narcissistic satisfactions in *still* being alive *today*'.²⁴⁷ The cheerfulness seen at the memorial service is thus, up to some point, a celebration of the fact that those present are still alive, unlike the one who died; it is a way of disidentifying with the fate of the one who died (see §3.2.4, where I elaborate some other moments of disidentification). Prior insists on the egotistical aspects of this way of holding a memorial service and on the hypocritical attempt to deny the probability of undergoing a similar fate. Thus, while holding a camp memorial service can be interpreted as a celebration of the life of the deceased person which also celebrates the united culture of the queer community, it is, on the other hand, also an attempt to disidentify from the deceased's fate and to reject the ugly and exhausting realities of being ill.

A variation on this feeling of cognitive dissonance can be seen in *Jeffrey*. Here, the title character attends, as a waiter, a memorial service of a men who died by the consequences of AIDS. (I will elaborate other aspects of this scene in §3.2.4 'Mirroring or negating the illness trajectory of close or abstract others' and in §3.3.1 'Transformation'.) At first, Jeffrey happily looks around at the handsome men present, flirting innocently with one of them. When realising how socially inappropriate it is to think of romance in the face of death, he suddenly says to his friend Sterling, who is present as a guest: 'I'm so disgusting, you know what I'm doing? I'm cruising a memorial.' Sterling replies: 'Oh please, everyone does. There are all those guys here...'²⁴⁸ Shortly afterwards, Sterling's partner Darius, who is living with AIDS, says: 'I hated this memorial, the drinks are water and the music is stupid,' after which he starts fantasizing about his own memorial, elaborating all kinds of queer camp details, at which his partner jokingly says that 'the service will run for years.' Jeffrey, however, is upset about their lush and playful fantasies, stating that 'this is a memorial!', thus insisting on the gravity of AIDS and death.²⁴⁹ Through this distressed exclamation, Jeffrey once more expresses his shame

²⁴⁶ Ibidem, 00:23:00-00:26:50.

²⁴⁷ Crimp, 'Mourning and militancy', 137. Emphasis in original.

²⁴⁸ *Jeffrey*, 00:50:09-00:50:16.

²⁴⁹ Ibidem, 00:51:26-00:52:30.

because of his earlier flirtatious behaviour by rejecting any combination of playfulness and creativity with the reality of AIDS, illness, and death; his cognitive dissonance takes on the form of a socially correct seriousness.

In *120 BPM*, the mourning for the death of fellow activist Jérémie takes on a militant and grim activist form. Queer theorist Douglas Crimp, who addresses the apparent antagonism between mourning and activism, says that ‘for many gay men dealing with AIDS deaths, militancy might arise from conscious conflicts with mourning itself, the consequence, on the one hand, of (...) “harmful interference” with grief and, on the other, of the impossibility of deciding whether the mourner will share the fate of the mourned.’²⁵⁰ Combined with a structural interpretation of the AIDS crisis ‘as a result of gross political negligence or mendacity’,²⁵¹ the psychological tensions with regards to mourning someone who died because of AIDS result in a film scene where the activists walk the streets in a march while following Jérémie’s coffin, on which a black banner is draped which silence=mort [silence=death] on it. (I will elaborate other aspects of this scene in §3.3.3 ‘Temporality of dirt’.) They look defeated and determined at the same time, sharing their grief as well as their anger in an emotional, grim scene. The camera first focuses on their faces, filming them in close-up, after which the posters they are holding become visible. Jérémie’s portrait picture is printed on it, with the text: ‘Jérémie est mort du sida’ [Jérémie died because of AIDS] underneath. Then, we finally see the funeral car with Jérémie’s coffin in it, after which we see the activist group as a whole. They chant ‘AIDS, we are dying, indifference is killing us’.²⁵² Gradually, we only hear Sean, who chants with a catch in his voice, making it sound like a desperate scream, which can be related to his own deteriorating health.²⁵³ On top of the psychological and political reasons that justify their activist interpretation of mourning, Jérémie himself had requested for his death to be used in a political way.²⁵⁴ Furthermore, mourning him in the form of activism is also a celebration, in a way, of the person he was and the values he held dear. This act of militancy moves back and forth between the attempt to disidentify from Jérémie’s fate by opposing his death with activism, and between an explicit identification with Jérémie, stating that ‘this man has died, we will probably share his fate if the government does not act’. The psychological tensions involved with mourning for people

²⁵⁰ Crimp, ‘Mourning and militancy’, 138.

²⁵¹ Ibidem, 132.

²⁵² ‘Sida, on meurt, l’indifférence se meurt.’

²⁵³ *120 BPM*, 01:10:10-01:11:15.

²⁵⁴ ‘Ce sera ça, mon enterrement politique.’ *120 BPM*, 01:09:45-01:09:55.

living with HIV/AIDS are thus given a high visibility in all the memorials discussed here, although they take on very different forms.

3.2 Biographical time

The start of *House of Boys* takes place several years after the film's narrative. In this introductory scene, main character Frank reflects on his past, of which the viewer is still ignorant. Where his serostatus is not addressed in the main storyline, this starting scene makes it clear that he is, at that time, seropositive: 'My physical state is measured in T4's. But that's not our story.'²⁵⁵ 'Our story', then, is the narrative that follows in the film; the biographically interpreted narrative flow that is at odds with the medical narratives of blood results and T-cells. This biographical narrative can thus be understood as the counterpart of the conflict discussed above, in 3.1. How characters living with HIV/AIDS interpret their serostatus in terms of their life story is the subject of this paragraph.

As becomes clear from medical humanities research projects regarding the way people with AIDS cope with their health situation, '[d]espite the disruption resulting from infection, interviewees tried to give a sense of continuity to their lives. To this end, each of them had begun reviewing his personal situation - his love life, family, job and history of infection.'²⁵⁶ Above, we have already discussed the 'history of infection' and the influence of a diagnosis on one's love life. In this chapter, I will first elaborate the different narratives that are used by HIV-positive characters to break the news of their diagnosis to important others. In §3.2.2, I take a look at the presence or absence of desynchronization from one's own, past identity, as well as to two salient, AIDS-related structures of social desynchronization. In §3.2.3, the use of mythical and religious tropes in AIDS narratives are addressed, followed in §3.2.4 by the way characters with HIV/AIDS mirror or negate the illness trajectories of close or abstract others.

²⁵⁵ *House of Boys*, 00:01:58. T4 cells, also called T cells or CD4 cells, are white blood cells and 'give an indication of the health of your immune system (...) If you have HIV and do not take HIV treatment, your CD4 count will fall over time. The lower the CD4 cell count, the greater the damage to the immune system and the greater the risk of illness.' They are mentioned in most AIDS films. See: Roger Pebody, 'CD4 cell counts', *aidsmap*, mei 2021. <https://www.aidsmap.com/about-hiv/cd4-cell-counts>, laatst geraadpleegd op 19 september 2023.

²⁵⁶ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 76.

3.2.1 Breaking the news

When characters in AIDS films inform other people about their serostatus, they all inscribe themselves, one way or another, into one of the popular narratives regarding HIV/AIDS. We see this for instance in *Bohemian Rhapsody*, when Freddie informs his colleagues about the fact that he has AIDS. He does so by abruptly saying ‘I’ve got it,’ suggesting that ‘it’ is both a logical explanation for his symptoms, as well as a logical effect of his ‘deviant’ sexual behaviour (as elaborated in §2.2.5, ‘Infection anxiety’).²⁵⁷ While Freddie in 1984 has supposedly only just recently been informed about the existence of AIDS, he seems to assume at the same time that the other band members are already familiar with it and with the tragic narrative with which the illness is equated, stating: ‘If you bore me with your sympathy, that’s just seconds wasted. Seconds that could be used making music. Which is all I want to do with the time I have left. I don’t have time to be their victim, their AIDS-poster boy, their cautionary tale. No, I decide who I am.’²⁵⁸ While Freddie himself firmly endorses the narrative in which AIDS is equated with a death sentence, as well as the narrative in which AIDS is the logical effect of his sexual behaviour, this statement also suggests that he does not want to be identified by others through the lens of those popular AIDS-narratives. I will elaborate this focus on personal identity in §3.2.3, ‘Mythical and religious tropes’.

In *An Early Frost*, the scene in which Michael tells his parents about his AIDS-diagnosis is staged simultaneously as a coming out; more so, the stress lies completely on his identity as a queer man instead of discussing what AIDS might mean for him or his future. This double ‘coming out’ suggests that queerness itself is worse than AIDS, because it is a betrayal of his (family) identity whereas AIDS is ‘only’ an illness.²⁵⁹

In *Angels in America*, Prior tells by showing: he unbuttons his shirt in an ostentatious way in front of his partner Louis.²⁶⁰ We see a small dark spot on his breast. Louis says: ‘That’s just a burst blood vessel,’ at which Prior replies: ‘Not according to the best medical authorities.’ Louis starts crying: ‘What? Tell me.’ Prior answers playfully: ‘K.S., baby. Number one. The wine-dark kiss of the angel of death. (...) I’m a lesionair [sic]. Foreign lesion. The American lesion. Lesionairs disease,’²⁶¹ making a reference to, consecutively, legionnaires, the

²⁵⁷ *Bohemian Rhapsody*, 01:43:??.

²⁵⁸ *Ibidem*, 01:44:??.

²⁵⁹ *An Early Frost*, 00:29:25-00:33:50.

²⁶⁰ *Angels in America*, disc 1, chapter 1 ‘Bad news’, 00:17:00.

²⁶¹ *Ibidem*, 00:17:10-00:17:34.

foreign legion, the American legion and legionnaires' disease. While this pun draws on the similarity in sounds between lesion and legion, it also connects Prior's illness to the influential narrative where being ill becomes invested with war metaphors, transforming him into a 'soldier'.²⁶² At the same time, Prior connects himself strongly to that other cliché that a diagnosis with AIDS is to be equalled with a death sentence, stating it as a fact that he will die and that his first Kaposi sarcoma-lesion is the first of many. By using the abbreviation K.S. and never using the words HIV or AIDS, as well as by Louis's immediate pained reaction, it becomes clear that both men, living in New York and being openly queer, are very familiar with AIDS at this time (1985).

In another storyline in *Angels in America*, Roy (Al Pacino) and his doctor (James Cromwell) have an argument when his doctor tries to convince Roy that he has AIDS. Roy, however, asserts that 'AIDS is what homosexuals have.' While Roy does sleep with men, he does not identify himself as a homosexual since, according to him, the term says 'where (...) an individual so identified fit[s] in the food chain, in the picking order [and says nothing about] ideology or sexual taste.'²⁶³ Since Roy thinks he is at the top of the 'picking order', he cannot have AIDS, which is an illness for 'losers': 'I have liver cancer,' which is what he forces his doctor to write in his medical file while receiving, at the same time, a medical treatment against AIDS. Roy does not reject homosexuality in itself, i.e. the desire to have sex with men, but rejects the narrative in which queer people do not occupy powerful positions in society and do not know how to get themselves organised. While liver cancer is seen as a neutral disease which anyone can get, AIDS associates him with supposedly 'weak' people, something he cannot accept.

In *The Living End*, main character Jon makes a record on his tape recorder as a diary. While he drives his car, we hear him in the voice over, recording: 'April, 13. A day like any other. The first day of the rest of my life.' After summing up all the random things he did, he continues, on a similar even tone: 'Got the results from my first AIDS test.' After hearing this, we immediately see a scene at the doctor's cabinet and hear the doctor say: 'As you're probably aware, many people live perfectly healthy lives for years and years. By no means should you consider this as a death sentence.' While the doctor continues his soothing

²⁶² See Sontag, 'Illness as metaphor' in: Idem, *Illness as metaphor and AIDS and its metaphors* (herz. paperbackeditie; Londen en New York 1991 [1988]) 3-87, aldaar 65-68.

²⁶³ *Angels in America*, disc 1, chapter 1 'Bad news', 00:56:00-00:58:50.

message in the voice-over, we see Jon throwing up in the toilets; an image which powerfully contradicts the doctor's positivity.²⁶⁴

The film as a whole is filled with absurd and excessive scenes of violence and murder; already in the film's first minute, we see a car with 'Choose death' as bumper sticker. While Jon interprets his diagnosis with HIV/AIDS as a death sentence which makes his present occupations futile in the light of his uncertain future, the film as a whole presents AIDS as both an effect of a corrupt and violent society, and as something which frees people living with AIDS of the normative narratives in which they're stuck. This becomes clear as soon as Jon, later that same day, meets his future partner Luke (Mike Dytri). When they start kissing, Jon says reluctantly: 'I think you should now that... I found out this afternoon that...' Luke interrupts him: 'If you're trying to say what I think you are, don't worry about it. It's really no big deal. Welcome to the club, partner. (...) We're both gonna die. Maybe in ten years, maybe next week. (...) We're victims of a sexual revolution. The guys that came before could do all they wanted and we pay for it. (...) Walking around with this thing inside us, this ticking time bomb, making our futures finite... Suddenly I realised: We are not gonna lose! We can say: Fuck work! Fuck the system! Fuck everything! Don't you get it? We're totally free!'²⁶⁵

The Living End can be understood as a textbook visualisation of Lee Edelman's 'antisocial' study *No future*, but also, more subtly, as a critique on it. As explained in §1.1.1 'Context and importance of research', Edelman's theoretical stance is considered 'negative' because he understands queerness as a refusal of the cultural glorification of the idea of progress and the future, embodied in 'the Child'. Indeed, Edelman asserts that queer people are ascribed with negative values within liberal discourse. AIDS, especially, 'reinforces [the] connection (...) between practices of gay sexuality and the undoing of futurity.'²⁶⁶ Edelman suggests, however, that '[r]ather than rejecting (...) this ascription of negativity to the queer, we might (...) do better to consider accepting and even embracing it.'²⁶⁷ Araki's film *The Living End*, then, explores both the negativity with which queers are seen by society at large as the potential of embracing this negativity. As Edelman interprets queerness as the 'disturbance' of every idea of identity, rather than defining an identity,²⁶⁸ Araki shows the psychological burden of unrelenting negativity as the characters end up without any goal or clear relationship

²⁶⁴ *The Living End*, 00:01:28-00:02:22.

²⁶⁵ *Ibidem*, 00:21:15-00:23:56.

²⁶⁶ Edelman, *No Future*, 19.

²⁶⁷ *Ibidem*, 4.

²⁶⁸ *Ibidem*, 17.

between them in an undefined (undefinable) wasteland (as discussed below, in §3.2.3 ‘Mythical and religious tropes’).

3.2.2 Desynchronization

As medical humanities theorist Leder argues, a chronic illness often brings along a desynchronization ‘from [one’s] present, no longer organized by [one’s job]; and from the “bright future” that had beckoned (...), a pleasing blend of pre-delineated professional advancement and open-ended possibility.’²⁶⁹ This type of desynchronization can thus be understood as both a break with one’s past identity (which is supposed to stabilize one’s present identity, but in this case fails to do so) and as a break with the projections of the combination of past and present on one’s future. While those two breaks (with one’s past and with one’s future) can be described individually, it actually refers to one fluent movement wherein memories, present-day observations and expectations all mutually inform each other. Therefore, I here address those different aspects of desynchronization as one process, focusing especially on the feeling of closure or termination visible in several AIDS films when it comes to one’s personal and social identity. While (especially social) desynchronization takes on many forms and thus could be elaborated in many different ways, I here focus on two specific examples of social desynchronization: one form will be elaborated in terms of ‘dying young’ and how this notion can be understood either in tension or in accordance with queer or with, as Elizabeth Freeman calls it, ‘chrononormative’ temporalities;²⁷⁰ the film *An Early Frost* gives a rich example of this concept. Another form that social desynchronization with regards to living with HIV/AIDS takes on, will be addressed with an example of the film *Bohemian Rhapsody*: while queerness literally queers Freddie’s social temporalities, AIDS, paradoxically, will re-align him with chrononormativity, thus resulting in a more synchronized and harmonious social life.

In *Plaire, aimer et courir vite*, it is subtly stated how medical interventions can make an end to one’s past and present identity. Jacques is framed as a person for whom his sexuality is very important; however, when telling his love interest Arthur that he has to go to the hospital the next day to have a catheter inserted into his stomach, he admits: ‘I know that it’s stupid, but that thing that will perforate my stomach [i.e. the catheter] gives me the feeling that I will

²⁶⁹ Leder, ‘Healing time’, 102.

²⁷⁰ Freeman, *Time binds*, 3-5.

never be able to undress me in someone else's company (...) I think I will never more get a hard-on. I will read, that's it.'²⁷¹ Thus, one of the reasons their potential romance does not get a chance is because the medical procedure brings Jacques's sexuality to an end, not so much in a factual sense (since he does not know yet if his expectations will come true), but because he makes it part of his biographical narrative: when that happens, I won't have sex any more. The consequences of his illness make him re-write his life story, disidentifying himself with what was an important part of his identity, while making a future romance impossible.

In *The Living End*, Jon is at loss after his HIV-diagnosis: with an uncertain future, his present occupations seem futile. In a voice-over, he says: 'Now I just have no idea what the fuck I'm gonna do.'²⁷² Jon's further desynchronization from 'normal' society gets highlighted in many scenes, such as the moment he tries to call his friend Daisy who does not answer the phone, or when his friend tries to call him in vain. They repeatedly wait for each other to call, thus visualizing the temporal aspects of the alienation Jon's diagnosis, and especially the new, death-oriented narrative in which he gets immersed by HIV-positive partner Luke, produces. As Luke puts it: 'We're not like them [i.e. the majority of the people, 'normal' society]. We don't have as much time.'²⁷³ The potential limitations on their future makes them fall out of normal, normative temporalities, and makes them enter queer time. After this social desynchronization, Jon reflects in a diary entry recorded on his tape recorder: 'These are notes from oblivion. This whole thing is so surreal. It's like some bizarre quasi-dream. It's like I've fallen through the looking glass, never to return again.'²⁷⁴ The world Jon feels he will never again reach is not so much a social world, since the film visualizes the world around him as extremely violent, but his own, past identity, which he has lost by getting his diagnosis of HIV. Nothing is self-evident anymore; both time and place become messed up until Jon cannot say any longer where he and his new partner Luke are, or what day it is. Then, time gets queered into the extreme – until, as we have seen in connection to Edelman's theories, life itself becomes meaningless.

When it comes to one's professional identity, AIDS films are often vague regarding the consequences of a diagnosis or illness trajectory, focussing rather on relational or more personal consequences of life with HIV/AIDS. In *120 BPM*, when Nathan asks Sean what job he

²⁷¹ 'Demain, je rentre à l'hôpital pour m'imposer un cathéter dans ma poitrine. Et je sais que c'est idiot, mais ce truc qui va me perforer la poitrine, ça me donne le sentiment que je n'aurai plus jamais la possibilité de me déshabiller chez quelqu'un. Je pensais que je me banderai plus. Je vais lire, c'est ça.' *Plaire, aimer et courir vite*, 01 :33 :??-01 :34 :??.

²⁷² *The Living End*, 00:02:33.

²⁷³ *Ibidem*, 00:57:57.

²⁷⁴ *Idem*, 00:47:33-00:47:50.

has, he answers, amused: 'I'm HIV-positive in life, that's it.'²⁷⁵ Since we do not know if Sean had a job before his diagnosis, this is not presented as a cause for desynchronization from his past identity.

In *House of Boys*, Jake's diagnosis with AIDS results in being fired immediately from the gay club he works in, because the owner 'doesn't want the club to be associated with this kind of thing, this disease.'²⁷⁶ His partner Frank resigns as well, and both men are going to live with an ex-colleague without any clear need for money or a job, which can be explained by the fairy-tale construction of the narrative as a whole.

In *Théo et Hugo*, Théo, who had a risky sexual contact and thus could become HIV-positive, wonders if his plans for the future can be reconciled with seropositivity: 'If I'm HIV positive, that's the end of the wild ideas. No visits to countries without aspirins. I'd need emergency care myself.'²⁷⁷

In *Angels in America*, Prior's professional life does not seem to change much after his diagnosis with AIDS; it is unclear which job he had before, and does not seem to need work after, either. The other character with AIDS in this film, Roy, tries to keep working as a (highly corrupt) lawyer after his diagnosis, but his career quickly becomes impossible by a combination of an outbreak of AIDS-related illnesses, as well as by a sentence by the court, resulting in a professional ban at the time of his death. While AIDS is not the direct cause of the enormous change in his professional identity, it is visualised in close association with it, emphasizing the insurmountability of change (which can be understood as the main subject of the film's narrative as a whole).

Other films emphasize how a diagnosis with HIV/AIDS does not necessarily desynchronizes someone with his past identity. *Bohemian Rhapsody*, *An Early Frost* and *Jeffrey* show how people with HIV or AIDS all keep their jobs and thus (more or less) their professional and personal identity.

One form of social desynchronization related to the experience of AIDS during the 1980s and early 1990s is the prospect of dying young and thus of infringing upon chrononormative structures, in which it is, for example, considered 'normal' to live young and to outlive one's

²⁷⁵ 'Moi, dans la vie, je suis séropo, c'est tout.' *120 BPM*, 01:06:12.

²⁷⁶ *House of Boys*, 01:14:27.

²⁷⁷ 'De toute façon, si je suis séropo je peux faire une croix sur mes désirs, non? Je vais pas m'aller promener dans des pays qui n'ont même pas des aspirines. C'est moi qui aura besoin de rapatriement d'urgence.' *Théo et Hugo dans le même bateau*, 01:09:30-01:09:37.

parents.²⁷⁸ This prospect can produce a feeling of anticipatory loss in people living with (the possibility of) HIV/AIDS. This rings especially true for queer people: queer theorist Roger Hallas suggests that the 'specific experiences of both physical and cultural loss [experienced by queer men during the AIDS crisis] resonate further with the prior experience of loss endured in the process of gay socialization or of coming out, which almost all gay men share in a heteronormative society.'²⁷⁹ As one's 'real self' is, in this heteronormative society, closely linked with stigma and the impossibility of measuring up to normative life structures, a feeling of 'anticipatory loss (...) inscribes gay male subjectivity with indelible traces of loss and nostalgia. The repeated and varied reinscription of such traces by the experience of the AIDS epidemic has profoundly shaped gay structures of feeling'.²⁸⁰ Thus, coping with (the prospect of) AIDS-related death can be understood in close relation with structures of loss which are specific to queer subjective experiences. The idea of 'dying young', elaborated here, closely connects the subjectively felt 'failure' of being queer with the 'failure' of living with HIV/AIDS, both with regards to desynchronization from chrononormative (and thus heteronormative) structures.

As queer theorist Jack Halberstam asserts, 'kinship discourses invest in normative temporalities which privilege longevity over temporariness and permanence over contingency.'²⁸¹ AIDS, and its popular perception as a surefire death sentence, problematizes the chrononormative structures which focus on longevity. Because of its association with queerness, furthermore, the equally chrononormative glorification of reproduction as a family-oriented 'desire [that transcends] acceptance and belonging [and can be understood as] a form of belonging that binds the past to the present and the present to the future by securing what Lee Edelman has called "heterofuturity" through the figure of the child.'²⁸²

I suggest that those structures of conflict, as well as a reaffirmation of chrononormativity, can be observed in one particular film: *An Early Frost*, in which the title already points towards the motive of an early death. This title is addressed in a dialogue between the grandmother (Sylvia Sidney) and mother (Katherine Pierson) of main character Michael. The latter recently has 'come out' as having AIDS and, closely related to that statement, as being queer. (More on this scene in §3.2.1 'Breaking the news'.) His grandmother is working in her rose garden and says of her plants: 'They're doing beautifully

²⁷⁸ Freeman, *Time binds*, 4-5.

²⁷⁹ Hallas, *Reframing bodies*, 188.

²⁸⁰ Ibidem.

²⁸¹ Halberstam, *The queer art of failure*, 73.

²⁸² Ibidem.

this year. I only hope an early frost doesn't come along and nip them in the bud.²⁸³

Immediately before and after this statement, both women discuss Michael's health, thus relating it explicitly to his fate, as the doctor has given Michael a clear life expectancy of one, maybe two years.²⁸⁴ Michael's fate of being 'nipped in the bud' is thus linked to a botanic metaphor which suggests that his illness can be understood as a natural catastrophe. Furthermore, Michael's grandmother explicitly links her grandson's prospects to her own husband's fate, who died before his time due to cancer. Michael's expected early death is thus aligned with natural and family temporalities.

Since the film as a whole glorifies normative family time, this underlying structure can be related to Lee Edelman's *No future*-theory. As Edelman has shown, AIDS films addressing a mainstream audience, such as *An Early Frost*, or *Philadelphia* (Jonathan Demme, 1993) often associate the distinct narratives of AIDS as a death sentence for queer men with the glorification of childhood. While the images of babies or pregnant women are supposed to soothe the audience by the idea that life always goes on, even in the face of death, Edelman asserts that those images also generate 'an indignation directed (...) against the homosexual world in which boys like this eventually grow up to have crushes on other men,' as queerness is generally 'understood as bringing children and childhood to an end. Thus, the occasion of a gay man's [potential] death gives the film the excuse to unleash once more the disciplinary image of the "innocent" Child performing its mandatory cultural labour of social reproduction.'²⁸⁵ The suggestive narrative of AIDS as a righteous death for queer people is thus subtly reinforced by juxtaposing ill or dying queer people with images of children or pregnancy. In *An Early Frost*, once she learns about his diagnosis with AIDS, Michael's pregnant sister (Sydney Walsh) does not want to see him anymore: while declaring that 'I have to think about my family,' she unobtrusively rests her hand upon her pregnant belly.²⁸⁶ While it is explicitly stated in the film's (educational) narrative that contamination with HIV cannot happen by simply meeting or touching each other, the sister's reaction refers to a wide-spread fear and, more subtly, to the idea that AIDS, and the homosexuality here associated with it, is a threat to reproduction. After Michael has proved, in a melodramatic narrative, that he still keeps in line with his behaviour as a child (i.e. he has not fallen out of normative temporality either because he has AIDS or because he has outed himself as queer), his sister suddenly turns up again, after

²⁸³ *An Early Frost*, 00:56:54-00:56:58.

²⁸⁴ *Ibidem*, 00:46:45.

²⁸⁵ Edelman, *No future*, 19.

²⁸⁶ *An Early Frost*, 00:49:04-00:49:29.

which Michael is very sentimental about her pregnancy. The film's narrative as a whole thus shows that both queerness and the prospect of dying young ultimately do not threaten normative family time, which is embodied by family structures of illness, by youth memories, and by Michael sister's pregnancy.

Another example of social desynchronization with regards to queerness and life with HIV/AIDS is addressed in a peculiar way in the Freddie Mercury biopic *Bohemian Rhapsody*. After a long time of hesitation, main character Freddie finally comes out as queer to his then-girlfriend Mary (Lucy Boynton). Immediately following this scene, temporalities get queered as well: in several consecutive scenes, the estrangement between Freddie and his loved ones is addressed explicitly in a temporal way. First, Freddie asks one of his band members to stay for dinner, who answers: 'I can't. Wife and kids, you know.'²⁸⁷ In a following scene, taking place at night, Freddie makes a phone call to his ex-girlfriend Mary, who lives next door. 'Come have a drink', he asks her, at which she replies: 'It's late, Freddie.' He then insists on them putting their lights on and off in a synchronic way, which both can observe through the windows from their respective houses. Mary reluctantly agrees.²⁸⁸ Finally, when symptoms of his drug use get mixed up with possible symptoms of AIDS-related illnesses, Freddie's isolation gets confirmed in a scene when he tries to call Mary again in the middle of the night, but his phone call stays unanswered. He repeatedly puts on his light on and off, but at Mary's place, everything stays dark.²⁸⁹ Those scenes suggest that Freddie's openly stated queerness results in a falling out of the normative time zone he shared with his straight friends and loved ones; their earlier synchronic movements have become, literally, desynchronized.

While showing those structures of desynchronization, the film's narrative relies heavily on the concept of family. When his colleagues say to Freddie that 'we're a family', Freddie, who feels isolated and rejected, says: 'No, we're not! *You* have got families: children, wives.'²⁹⁰ In a later scene, however, Freddie, who clearly feels ill, says that he needs to 'reconnect with the mothership. We're family. In every family there are fights, all the time,' while the reluctance of the other band members to reconnect with Freddie is also addressed with reference to time: they are late for their meeting. When their manager tries to comfort Freddie, he says: 'They'll be all right, they just need a bit of time,' at which Freddie replies: 'What if I don't have time?'²⁹¹ In the next scene, Freddie explicitly links his illness symptoms to

²⁸⁷ *Bohemian Rhapsody*, 00:56:??.

²⁸⁸ *Ibidem*, 00:56:??-00:57:??.

²⁸⁹ *Ibidem*, 01:19:??.

²⁹⁰ *Ibidem*, 01:22:??.

²⁹¹ *Ibidem*, 01:34:??-01:38:??.

AIDS, after which he breaks the news to the other band members and finally enters their time zone again. (See §3.2.1 'Breaking the news' for this scene.) He then finds the perfect romantic life partner, which is visualized in a way that mimics the partnership of his ex-girlfriend Mary and her new partner. Thus, Freddie's queerness gets aligned with heteronormativity thanks to his illness symptoms and his diagnosis with AIDS; the night life he indulged in after coming out is renounced as inauthentic, and his synchronization with heteronormative temporal structures is visualised as some kind of homecoming. What defines Freddie as 'queer' is not his preference for male sexual and romantic partners, but his drifting away from a shared temporality with his band members and ex-partner: nightlife cannot be reconciled with family life structures. When his queerness is rearticulated on the basis of those normative structures, the people living according to those structures get reconciled once more.

3.2.3 Mythical and religious tropes

Medical humanities research has suggested that '[l]ife-story revision, entailing a significant shift about the trajectory and meaning of one's life, can include a reinterpretation of past, present, and future alike. (...) Revised narratives often incorporate mythic elements, for example that of the "hero's journey" into an underworld, emerging (...) with saving revelations'.²⁹² Similarly, religious tropes such as being 'cursed' or 'punished', or narrative structures that find their origin in religion, are regularly employed in life-story revisions.

As we have seen in chapter 2, in several AIDS films, infection is staged as a logical 'punishment' for the character's non-normative (sexual) life. While this idea of punishment can be interpreted as confirming a religious narrative structure, AIDS films only rarely connect this idea explicitly to religion; rather, they focus on the moral and/or juridical overtones that also strongly accompany the idea of AIDS as punishment or as a 'death sentence'. Below, I will focus on three different examples, seen in successively *Bohemian Rhapsody*, *Angels in America*, and *The Living End*, of how mythological and religious symbols and narratives are used with regards to the biographical understanding of AIDS.

When main character Freddie, in *Bohemian Rhapsody*, connects his vague symptoms to a television reportage he sees about AIDS, he visits a doctor immediately afterwards. However, the *mise-en-scène* makes clear that Freddie only wants his doctor to confirm what

²⁹² Leder, 'Healing time', 107.

he already knows, thus suggesting that understanding himself, i.e. connecting personal experiences to a 'bigger story' in a way which makes sense for his personal life story, is more important to him than listening to an objective, medical narrative about his diagnosis. This interpretation is suggested by first shooting the doctor as a mirrored image in Freddie's sunglasses. When the doctor talks about the possibilities of treatment, Freddie looks down, while the swelling music soon drowns out the doctor's voice.²⁹³

The soundtrack which connects Freddie's scene of insight with the scene at the hospital is a Queen song which takes on a complex meaning through those scenes: 'Who wants to live forever'. When Freddie is watching the television screen on which he sees people with AIDS and their doctors, the music starts, (the real) Freddie Mercury singing 'There's no time for us, there's no place for us.' The tv images are intersected with close-ups of Freddie's face, gradually getting closer, after which we see him consecutively looking at himself in the mirror, lying on his bed with eyes wide open and nipping absent-mindedly from his tea. The music continues all the time with the following lyrics: 'What is this thing that builds our dreams, yet slips away from us/Who wants to live forever/Who wants to live forever', after which we see, in a long, panning camera shot, the empty hospital.²⁹⁴ Freddie can be distinguished in a cabinet, talking to the doctor. The music drowns out the doctor's voice and continues until Freddie leaves the doctor's cabinet: 'There's no chance for us/It's all decided for us/This world has only one sweet moment set aside for us,' until it slowly fades.

The choice of lyrics is important to underscore the sense of hopelessness Freddie with which he experiences his AIDS diagnosis: he does not even want to try medication because 'there's no chance for us'. Interestingly, the lyrics of the original song continue with a sense of hope, where love makes the singer realize that he has to live day by day ('Forever is our today'). By omitting this 'positive' turn of the song, it is stressed in this scene that the film's more hopeful continuation and ending is a result of individual willpower. Indeed, the film as a whole is not interested in showing either structural and/or medical aspects of AIDS, but makes it into a purely personal struggle – which is probably a logical consequence of the film's genre, being a (Hollywood) biopic.²⁹⁵ Queer theorist J. Logan Smilges strongly criticizes those

²⁹³ *Bohemian Rhapsody*, 01:41:??-01:42:??.

²⁹⁴ The (relative) emptiness of the hospital in this scene can probably be explained by an early hour of consultation. While not addressed explicitly in this film, this procedure of separating 'normal' patients and people with HIV/AIDS by temporal means was standard in several hospitals. See, for example, *120 BPM*, 01:30:22.

²⁹⁵ In several ways, the same goes for the other Hollywood film in my selection, i.e. *Dallas Buyers Club*, which narrative also transforms a structural problem into a personal struggle, with main character Ron ending up as the 'culture-hero', living/surviving against all odds.

'overcoming narratives [that] decontextualize' HIV/AIDS by visualizing it 'as an internal condition that can only be mourned or celebrated, depending on a person's effort and capacity to realign themselves with normative standards'.²⁹⁶ This trope can be understood as an aspect of neoliberal discourse, which insists on private/individual solutions for structural problems. It can also be related to an actual myth, that is, the mythological figure of Prometheus.

Queer theorist Heather Love reflects on Herbert Marcuse's interpretation of Prometheus; I will return to this theory after elaborating shortly on the historical interpretations of this mythological figure. Theorist in the humanities Robin Bond states that '[t]he story of Prometheus concerns one of the archetypal mythic figures of the Greek tradition', which is developed both in poems by Hesiod and in a Greek drama from the fifth century. Especially in the latter story, Prometheus 'appears as the prototypical tragic hero' who stole fire from heaven through deceiving the gods, thus bringing progress to mankind. He was severely punished by Zeus, who nailed Prometheus to a mountain, where each day, an eagle tore out his liver until finally, Zeus set him free. Prometheus is often seen as the creator mankind and as the author of human culture and science. In more recent eras, Romanticism has claimed him to be the ultimate romantic hero, whereas he also has appeared as 'a Marxist hero, a champion of humble humankind in its eternal struggle against the masters'. Indeed, Prometheus is presented as a 'heroic, but flawed and therefore tragic individual (...) not only (...) the prototypical tragic victim, but also (...) a political rebel'.²⁹⁷ Especially relevant for this thesis is that Prometheus's heroism and rebellion is entirely individualistic; both his actions as his punishment are described in this sense. Herbert Marcuse, then, sees Prometheus as the 'culture-hero' who 'symbolizes productiveness, the unceasing effort to master life'.²⁹⁸ As Love puts it, 'out of his rebellion and his work, he makes the future.'²⁹⁹

While in *Bohemian Rhapsody*, the figure of Freddie does not stand for procreative sexuality in the literal sense, he does symbolize productiveness; his 'unceasing effort to master life' ends up in the creation of his music and, in the film, in an ending shot of him as heroic 'winner'. This heroism goes hand in hand with the 'punishment' Freddie has received in the form of his illness; the myth of Prometheus introduces this idea of the inseparability of progress and pain. (The same goes for Ron in *Dallas Buyers Club*, where the last film image also consists of a 'winner' shot of Ron, surviving against all odds.) This Promethean idea of

²⁹⁶ J. Logan Smilges, *Queer silence. On disability and rhetorical absence* (Minneapolis, MN, 2022) 15.

²⁹⁷ Robin Bond, 'The figure of Prometheus and the origins of civilization', *The Rutherford Journal*. <https://www.rutherfordjournal.org/article050102.html>

²⁹⁸ Herbert Marcuse, *Eros and Civilization* (Boston 1966) 161, quoted in Love, *Feeling backward*, 68.

²⁹⁹ Love, *Feeling backward*, 68.

individualistic, heroic productiveness is typical for mainstream Hollywood films, who adhere to the popular idea that ‘positive thinking (...) [is] a cure for [illness]’.³⁰⁰ The negation of this narrative and the embrace of queer temporalities is typical for ‘queer’ films, made inside and essentially for a queer audience (of which *120 BPM*, *The Living End* and *Plaire, aimer et courir vite* are excellent examples).

Angels in America as a whole is filled with complex references to Jewish and Mormon narratives and to American history; those are too ubiquitous and rich to be completely elaborated here. AIDS is posited as but one aspect of a whole culture at loss. Characters all struggle with their private, and especially their collective pasts: they try to overcome the cultural narratives they live in by rejecting the sense of guilt and responsibility that are forced on them through those narratives. *Angels in America*, however, shows that rejecting one’s past is not possible, but overcoming it by creatively and associatively renewing it is seen as a positive possibility.³⁰¹

Critics share the view that Tony Kushner, who wrote the play the series is based on, refers to Walter Benjamin’s concept of Angelus Novus/The Angel of History. This concept is introduced in the ninth thesis of Benjamin’s 1940 essay *Theses on the philosophy of history*.³⁰² The Jewish Benjamin wrote the essay shortly before he tried to flee Vichy France to stay out of the hands of the Nazi Gestapo; it was his last major work before he committed suicide in September of the same year in order to escape Nazi capture. It is therefore not surprising that certain amounts of autobiographical despair and nostalgia are present in the essay. While Benjamin’s concept of the Angel of History was inspired by a 1920 monoprint called *Angelus Novus*, made by his friend Paul Klee and purchased by Benjamin, this concept also draws heavily on Jewish mystic narratives in which the Messiah restores the break between past and

³⁰⁰ Halberstam, *The queer art of failure*, 3.

³⁰¹ See also the subtitle of the original play: ‘A gay fantasia on national themes’, which points at the creative reiteration of historical narratives.

³⁰² See, for example: Charles McNulty, ‘*Angels in America*: Tony Kushner’s theses on the philosophy of history’, *Modern Drama* 39 (1996) afl.1, 1996, 84-96. <https://doi.org/10.1353/mdr.1996.0078>; David M. Farrington, ‘A promise but no program: Historical materialism in *Angels in America*’, *David ’n the Dark: Film reviews and reviews of theatre around NYC*, 13 maart 2015. <https://davidnthedark.wordpress.com/2015/03/13/a-promise-but-no-program-historical-materialism-in-angels-in-america/>, laatst geraadpleegd op 13 oktober 2023; Ranen Omer-Sherman, ‘The fate of the Other in Tony Kushner’s “*Angels in America*”’, *MELUS* 32 (2007) afl. 2, 7–30; Jean E. Howard, ‘Tony Kushner’s Angel Archive and the Re-visioning of American History’, chapter 3 and 4, *Hemispheric Institute*. <https://hemisphericinstitute.org/en/emisferica-91/e91-essay-tony-kushners-angel-archive-and-the-re-visioning-of-american-history.html>, laatst geraadpleegd op 28 september 2023.

present and transforms the meaning of the past by introducing new information about it in the present.³⁰³

In *Angels in America*, the name of main character Prior Walter refers to ‘the Walter before this one’, which is a pun referring to the ‘younger’ Walter, i.e. Walter *Benjamin*. Walter Benjamin writes the following about the Angel of History:

This is how the angel of history must look. His face is turned toward the past. Where a chain of events appears before us, he sees one single catastrophe, which keeps piling wreckage upon wreckage and hurls it at his feet. The angel would like to stay, awaken the dead, and make whole what has been smashed. But a storm is blowing from Paradise and has got caught in its wings; it is so strong that the angel can no longer close them. This storm drives him irresistibly into the future, to which his back is turned, while the pile of debris before him grows toward the sky. What we call progress is this storm (392).³⁰⁴

The historical context in which Benjamin wrote about the Angel of History suggests that the horrors (wreckages) referred to are, in fact, the horrors of the Holocaust. This context notably differs from the context in which the concept is used in *Angels in America*, since the AIDS crisis’s deaths are not directly caused by human violence.³⁰⁵ Benjamin’s work, however, also transcends its specific historical context by being a critique on historicism at large; furthermore, *Angels in America* proves that Benjamin’s concept can also be used in a fruitful way to address other historical happenings.

Queer theorist Heather Love, in interpreting this passage, also interprets it in a way that transcends its historical context; she asserts that Benjamin ‘suggests that while most people are content to forget the horrors of the past and move on toward a better future, the angel resists the storm of progress. (...) Benjamin suggests that taking the past seriously means being hurt by it. [The angel] is damaged both by the horrible spectacle of the past and by the outrage of leaving it behind.’³⁰⁶

³⁰³ Thijs Lijster, ‘Een zwakke messiaanse kracht. Nu-tijd en gedenken in Walter Benjamins geschiedfilosofie’, *Krisis* (2010) afl.1, 22-35, aldaar 28.

³⁰⁴ Quoted in: Howard, ‘Tony Kushner’s Angel Archive and the Re-visioning of American History’, chapter 3 and 4.

³⁰⁵ As I will address in §3.3.3 ‘Temporality of dirt’, certain activist groups, such as ACT UP in *120 BPM*, do adhere the stance that AIDS deaths are caused directly by governmental neglect and are thus comparable with other historical cases of governmental violence. *Angels of America*, however, does not take this activist stance.

³⁰⁶ Love, *Feeling backward*, 148.

While this stance can be understood as the filmmaker's urge to readdress AIDS in a time when most people try to forget, or have forgotten, about it, critic Jean E. Howard has associated Benjamin's concept more directly with the narrative of *Angels in America*, and more specifically with the angel who visits Prior and who urges him to stop the time. The angel explains that human nature urges towards progress, migration, and change, and interprets this forward movement as threatening. The angel states that she and her colleagues therefore have 'written in [Prior's] blood' the word 'stasis'.³⁰⁷ Thus, AIDS, which 'pollutes' Prior's blood in such a way that he feels 'dirty',³⁰⁸ is a way to stop time. Indeed, looking back years later, Prior's partner Louis remembers of the early 1980s that 'we were feeling the whole time everything was stuck.' Prior, by refusing the angel's assignment, demands 'more life', presenting migration, change and the 'addiction to life' in a positive way. When Prior overcomes the AIDS-related disease that threatens his life, he also overcomes the 'stasis' in his blood.

While this narrative seems to reject the longing of Benjamin's Angel of History to keep looking at the past while being thrust forward, *Angels in America* is more complex than that. Towards the end of the film, the visionary character Harper (Mary-Louise Parker) reflects: 'Nothing is lost forever. This world knows a painful kind of progress. Longing for what we've left behind and dreaming ahead.'³⁰⁹ Years later, Prior addresses the viewer in a way that seems to agree once more with the angel's stance, and thus with the intentions of a filmmaker who makes an AIDS film after the crisis itself has passed from the public's consciousness: 'This disease will be the end of many of us, but not nearly all. And the dead will be commemorated and will struggle on with the living (...) We won't die secret deaths anymore.'³¹⁰ Commemoration of the past and progress go hand in hand in *Angels in America* by fantasising, as the subtitle suggests, on traditional narratives: the solution to the general stasis is the reiteration, by several characters, of religious tropes and traditions in such a way that it does not exclude their queer identities.

In *The Living End*, death and the potentiality of an afterlife both get glorified by Luke, who keeps on spreading his romantic view on dying, which his partner Jon tries to counter with pessimistic and more realistic, as well as atheist narratives. Luke thinks life after death 'will be better. It couldn't be much worse,' while Jon dismisses this: 'There's nothing out there. It's a black, cold nothingness. The entire concept of an afterlife is a pathetic notion people cling

³⁰⁷ Howard, 'Tony Kushner's Angel Archive and the Re-visioning of American History', chapter 3 and 4.

³⁰⁸ *Angels in America*, disc 1, chapter 1 'Millenium approaches', 00:39:45.

³⁰⁹ Ibidem, disc 2, chapter 6 'Hell, I'm in heaven', 02:45:00.

³¹⁰ Ibidem, 02:50:00.

to in order to avoid confronting their own mortality.³¹¹ Combined with Luke's religious trope of an afterlife, however, is an erotic interpretation of the moment of dying itself, which is compared by Luke with having an orgasm in some kind of pseudo-medical narrative: 'The same chemicals get released in the blood stream.'³¹² Religious and medical narratives thus get mixed into a highly romantic narrative which, in the final scene, gets unmasked as equally 'bogus' as the more normative narratives. While Luke planned to commit suicide while raping Jon, he does not pull the trigger in the end, throwing his gun away and sitting powerless and aimless in the middle of nowhere, suggesting that even the prospect of death is meaningless.³¹³

3.2.4 Mirroring or negating the illness trajectory of close or abstract others

'In the age of AIDS, [the] distinction between "anticipation of loss" and "unabashed grieving" for a loss already experienced has always been a difficult one to sustain.'³¹⁴ In this section, I take yet another look at the different ways 'the complex and paradoxical inhabiting of different time zones, where *to be* is also *to be dead*'³¹⁵ are negated in AIDS films. More specifically, I elaborate on the ways characters with AIDS are seen to either mirror or negate the illness trajectory of close or abstract others. When '[t]esting positive for HIV (...) [is] equated with being ill. Infected *means* ill, from that point onward',³¹⁶ how does one react on the illness trajectories and narratives of others? And how does one mourn the deaths of fellow patients when one does not want to interpret one's own fate as doomed?

In *Plaire, aimer et courir vite*, the young and healthy Arthur reproaches Jacques, who lives with AIDS, that he is at wrong by living as if he's dead already, while Jacques says him that he does not want Arthur to ask him how he can bring him back to life, suggesting that the conflict between the two temporalities cannot be resolved.³¹⁷ Indeed, in a long scene which I will discuss in §3.4.2 'Blurring or setting of boundaries', Jacques is seen to identify strongly with his

³¹¹ *The Living End*, 00:51:50-00:52:30.

³¹² *Ibidem*, 00:59:29.

³¹³ *Ibidem*, 01:14:50-01:20:00.

³¹⁴ Bruhm, 'Still here', 318.

³¹⁵ *Ibidem*. Emphasis in the original.

³¹⁶ Sontag, 'AIDS and its metaphors', 118.

³¹⁷ 'T'as pas raison de faire comme si tu es déjà mort'; 'Je ne veux pas que tu me demandes comment tu peux me ramener à la vie.' *Plaire, aimer et courir vite*, 01:42:?? en 01:34:??.

ex-lover who died from the consequences of an AIDS-related illness. This can be related to the idea of 'grief in the age of AIDS', where 'to move forward is to carry the past, to have one's present and future continually inflected by the past, and to have the past continually inflected by the present and the future'. We see how Jacques dissociates himself from the present, as well as from the possibility of a future, in order to amplify his identification with his dead lover, as well as his identification with the deaths of queer culture (the latter will be discussed in §3.3.4, 'Queer historical culture'). Bruhm seems to put Jacques' feelings under words when he says that '[t]o be is to be beside the point, not only in a heteronormative culture that would rather gay men and HIV-positive persons not to be at all, but in a queer temporality that never allows "being" to heal a past or promise a future.'³¹⁸

In *120 BPM*, Sean takes a sudden interest in the fate of an ex-lover of his current partner Nathan. Nathan tells how, after being separated for some years, he unexpectedly saw his ex-lover again and thought he recognized some AIDS-related symptoms, without, however, asking him about it or seeing him again afterwards. Sean asks: 'But did he die? Maybe he survived it!' While Nathan thinks he died, he answers, after looking a few times at Sean's upset face: 'I prefer to think he still lives', at which Sean says: 'No. Either we're dead, or we're alive.'³¹⁹ When Nathan realises Sean identifies himself with this story, he tries to give it a happy end, although he personally does not believe his ex-lover recovered. Sean, however, uses this story to face his own (supposed) fate: while at one hand, he insists on the possibility that Nathan's ex-lover got better and is still alive, he does not want to use this possibility to be personally comforted.

In *Jeffrey*, the HIV-positive Steve negates the illness trajectories of abstract others by communicating about his illness in a neutral, matter-of-fact way and disconnecting himself from any larger narrative on AIDS: 'I have been positive for almost five years, I was sick once, my T-cells are decent, and every once in a while, like fifty times a day, an hour, I get very tired of being a person with AIDS. "A red ribbon." So sometimes I (...) choose to forget'.³²⁰ Another character with AIDS, Darius, negates other's people illness trajectory (for instance by saying that a man who is clearly very ill is 'looking better'³²¹) but is also seen to have elaborate fantasies about his own memorial service. Indeed, thinking about one's death 'is one of HIV's

³¹⁸ Bruhm, 'Still here', 326.

³¹⁹ 'Mais peut-être il s'en est ressorti, on sait rien. Ça arrive, de faire ses jours à l'hôpital et puis revenir à la vie normale.' 'Oui, peut-être. Je sais pas. Je préfère de croire qu'il est toujours bon.' 'Ben, non. Sois on est mort, sois on est vivant.' *120 BPM*, 1 :25 :15-1 :25 :45.

³²⁰ *Jeffrey*, 00:39:22-00:39:45.

³²¹ *Ibidem*, 00:51:10.

luxuries, this fantasy about stopping.’ Choreographer Bill T. Jones, here quoted by Bruhm, sees those fantasies about one’s own death as a way to channel his ‘creative powers’³²²; indeed, film character Darius seems to delight himself by adding extravagant details to his memorial fantasy. Darius’s partner Sterling, however, keeps stressing that ‘you are not going to have a memorial. You’re not going to get sick.’³²³ The reality of AIDS forces them to live in the ‘temporal friction between moving forward and collapsing’³²⁴ and makes them adopt, in a flexible way, several strategies for coping with this friction.

In *An Early Frost*, Michael, after being diagnosed with AIDS, doggedly tries to disidentify with other people’s illness trajectories; and because Michael does not know his life expectancy (while his family and the viewer know, see §3.3.2 ‘Suspended animation’), he is given the possibility to avoid this identification. The disidentification is very salient in a scene of a patient’s meeting at the hospital. After hearing depressing stories about the illness trajectory of other people with AIDS (one person died the other day, others are very ill), Michael leaves the room, saying ‘I don’t belong here.’³²⁵ He then reluctantly befriends another patient, Victor (John Glover), and thus learns more about his illness trajectory, probably identifying himself partly with it. Later, Michael experiences the sudden shock of going to the hospital in order to meet Victor, but sees the latter’s hospital room being emptied and cleaned, while his belongings are thrown into a dustbin. Michael’s reaction is, once more, disidentification, since he immediately throws away the renewed version of Victor’s will, which he wrote at Victor’s request. Michael turns away and quickly leaves the hospital, lying to his mother that Victor’s health is much better.³²⁶ Not only does he reject identifying his own illness trajectory with that of others with AIDS, he also wants to avoid that his family mirrors his own future (or lack of it) with that of others.

In *The Living End*, different characters repeatedly reflect how horrified they are by both the way people with AIDS are taken care of and by the way their illness develops. Especially Luke strongly rejects identification with the illness trajectory of (abstract) others: ‘I swear, the first symptom, the first sign of anything... I’d just kill myself straight away. No way I’m gonna go through all that horrible shit you hear about.’³²⁷

³²² Bruhm, ‘Still here’, 321.

³²³ *Jeffrey*, 00:51:42.

³²⁴ Bruhm, ‘Still here’, 321.

³²⁵ *An Early Frost*, 00:50:00-00:53:10.

³²⁶ *Ibidem*, 01:14:38-01:15:00.

³²⁷ *The Living End*, 00:58:46-00:59:28.

3.3 Past-present-future time

As Carricaburu and Pierret have stated, people living with HIV/AIDS 'have been forced to see themselves in terms of "public discourses" about AIDS. Life as an HIV-positive person means that one's private experiences as an infected individual become part of the collective experience of an infectious illness associated with ideas of contagious diseases and epidemics.'³²⁸ While I have addressed the different ways film characters with HIV/AIDS interpret themselves in terms of public discourses about AIDS in 3.2, in the current section, I will focus on the way they *incorporate* those narratives. For this reason, the stress lies on visualisations rather than narrative assertions of certain points of view. Specifically, I take a look at how the popular trope of illness-as-transformation is addressed in AIDS films by both narrative and visual means. I then elaborate, in §3.3.2, how the medically informed, chronic character of HIV/AIDS is visualized through the notion of 'suspended animation'. In §3.3.3, I address how the concept of 'universal time' can be related to AIDS. Finally, in §3.3.4, I take a look at the longing for a queer historical culture as visualized in AIDS films, and how several AIDS films explicitly inscribe themselves, in their turn, into queer historical culture, thus underscoring a sense of continuity and community across time.

3.3.1 Transformation

The idea of transformation is inherent to illness. Not only does a serious (chronic) illness usually transform the daily life and/or autobiographical narrative of the person living with it, but illness at large is generally understood as 'the occasion of some kind of self-transcendence'. As Sontag asserts, both 'sentimental literature' and 'case histories offered by doctor-writers' emphasize the possibility of some diseases to inspire in the patient 'transformation into something better: inspired by fear, the (...) patient acquires good habits of exercise and diet [and] starts to lead a more prudent, healthier life.'³²⁹ Indeed, several medical humanities studies about AIDS emphasize the 'positive' ways in which people living with AIDS have transformed in order to cope with their illness, often bearing on testimonials of people living with AIDS. Carricaburu and Pierret, for example, quote patient's views on how their social lives have transformed and acquired new meanings in the light of AIDS: 'I've recentered

³²⁸ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 66.

³²⁹ Sontag, 'AIDS and its metaphors', 124.

[sic] my life around close relationships. (...) I have the impression my life has lost in diversity but gained in intensity'. They also show how the patients' relationship towards medicine has changed: 'I had no experience with hospitals before, didn't know anything about them. I realize it's great, from the nurse to the chief doctor. The dedication is extraordinary.'³³⁰

Apart from this 'positive' transformation which illness can (or is supposed to) produce in patients, illness itself transforms the person living with it. While I have already elaborated some autobiographical changes (3.2) and the medically informed temporal schemes that influence one's daily life (§3.1.1 and §3.1.2), some visible physical changes also take place. As Sontag explains, '[t]he most terrifying illnesses are those perceived not just as lethal but as dehumanizing, literally so.'³³¹ She elaborates on the possible physical 'marks' by someone living with AIDS: 'The marks on the face of (...) someone with AIDS are the signs of a progressive mutation, decomposition'; indeed, the body is seen to 'transform (...) into something alienating'.³³² This idea of the body being transformed into something alien because of AIDS is very present in many AIDS films. Hart, when elaborating on the cinematographic tropes that are used in AIDS films, suggests that in this respect, AIDS films can be related to science fiction films, many of which use the idea of an 'other' that threatens to transform a 'normal' human being 'into a second form of the other'.³³³ Similar to the case in several well-known science fiction films, such as Don Siegel's 1956 *Invasion of the Body Snatchers*, people with AIDS are also 'taken over cell by cell' until they are transformed into another, 'compromised' version of 'their former selves'.³³⁴ This narrative is accompanied by a fearful interpretation of time: the unstoppable character of temporal progress goes hand in hand with the unstoppable invasion of 'the other', here: the virus, which is taking over the human body.

Below, I will elaborate those two forms of transformation caused by HIV/AIDS as visualized in AIDS films: transformation as either becoming a 'better' or a 'compromised' version of one's former self. Meanwhile, I will also shortly address some other kinds of transformation caused by HIV/AIDS that can be distinguished in the films.

In *120 BPM*, playful reference is made to the idea of illness as giving rise to a 'positive' transformation. Sean and his fellow activists return, early in the morning, from the police station where they were brought after an anti-AIDS protest. While looking out of the window

³³⁰ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 77-78.

³³¹ Sontag, 'AIDS and its metaphors', 124 en 131.

³³² Ibidem, 127.

³³³ Hart, *The AIDS Movie*, 23. See also Sontag, 'Illness as metaphor', 69, who relates this science fiction trope to cancer rather than AIDS.

³³⁴ Hart, *The AIDS Movie*, 19 en 20.

of the metro, he says: 'Look, how beautiful, look at the sky.' While this utterance started in a sincere way, he goes on in a slightly self-conscious manner: 'There are times when I realise that AIDS has changed my life. It's as if I live more intensely. As if I see the world differently. As if there are more colours, more sounds, more life,' after which he starts laughing: 'No, nothing has changed.'³³⁵ This utterance can be understood as a sincere vision: if not for his AIDS activism, he would not be there at that time in the morning in the first place, and maybe he does appreciate such sceneries more. At the same time, however, Sean's self-conscious pose and, especially, his laughter afterwards, makes fun with the widely spread idea that illness can make people morally 'better' and enhance their lives by making them realize the precarity of everything. The disbelief on the faces of his fellow activists, as well as the relief when Sean starts laughing and says that nothing has changed, shows that generally speaking, they do not adhere to the widespread narrative of illness as giving rise to a positive change; being activists, they try to unmask the harmful aspects of normative narratives and are, most of the time, radically at odds with those normative narratives, even to the point of showing their disapproval when one of them does adhere to them.

As this scene in *120 BPM* shows, the idea of positive transformation caused by AIDS is part of a normative and dominant narrative. It does not come as a surprise, therefore, that many AIDS films, especially the more mainstream ones, confirm this narrative one way or another. I will now give a short overview of the different ways in which this narrative is confirmed.

In *Bohemian Rhapsody*, after being diagnosed with AIDS, Freddie once more joins Queen after having had a disastrous, money-driven solo project; he also finds 'true love' and reconciles himself with his ex-girlfriend and family (as elaborated in §3.2.2, 'Desynchronization'). His diagnosis with AIDS thus puts a radical end to his supposed egotistical behaviour. The transformation is very sudden here: he becomes another man as soon as he has his diagnosis. A similar narrative is found in *Dallas Buyers Club*: Ron, who is portrayed as an egotistical, homophobic man with cliché machismo behaviour, changes slowly after being diagnosed with AIDS. His struggle for existence urges him to become friends with a transwoman and to do business with queer men with AIDS; while this is at first a strict necessity, adhered to with reluctance, Ron gradually becomes more openminded and in the

³³⁵ 'Mais t'as vu comme c'est beau... Il y a des moments quand j'aperçois à quel point le sida a changé ma vie. C'est comme si je vivais plus intensément des choses. Comme si je vivais le monde dans une autre manière. Comme s'il y était plus de couleurs, plus de bruits, plus de vie (...) Non, rien a changé, je t'assure.' *120 BPM*, 00 :21 :35-00 :22 :36.

end genuinely cares for his newfound allies, thus becoming a more social and friendly person. The transformation is a gradual process here.

An Early Frost shows how Michael is estranged from his family: as a queer man who fears his father's homophobia, he remains closeted, only visiting his parents once in a while. This changes after his AIDS diagnosis: while his father does reject Michael because of his sexuality, the family members finally get closer again, after which Michael regains a warm family life. AIDS thus forces him to be honest about himself, which results in more open family relationships. The transformation is at once gradual and sudden: while both Michael and his father show several moments of mutual 'softening up', the actual change and mutual renewal of trust takes place suddenly, from one moment to the other.

While *Angels in America* can hardly be interpreted as a mainstream AIDS film, some 'positive' changes still are caused by AIDS in its narrative; however, the transformation is not so much located in the characters with AIDS, but in the people who are close with them. Prior's diagnosis with AIDS urges his partner Louis to deal with his fear for illness and, more importantly, fear for responsibility; after a difficult break-up, Louis returns to Prior as a 'better man' who is able to confront life as it is. The other character with AIDS, Roy, remains a 'bad', aggressive, homophobic and racist character throughout the film, but becomes more vulnerable as his health deteriorates. His consciousness gets 'queered', as we will see in §3.4.2 'Blurring or setting of boundaries', which is visible in his mental confusion, confusing people's identities as well as temporality itself. This vulnerability subtly transforms the people around him, especially his coloured, queer nurse Belize (Jeffrey Wright) and the ghost of Ethel Rosenberg (Meryl Streep), a woman who has been convicted to death due to Roy's juridical manipulations and who has returned to haunt him. The subtle transformation in all the characters who are thus indirectly 'touched' by AIDS becomes visible in one emotional scene which takes place when Roy has died. Belize, who has summoned Louis to the hospital in order to steal Roy's AZT drugs before anyone else in the hospital knows that Roy has died, suddenly asks Louis to pray a Kaddish for Roy. Louis, who is an areligious Jew, does not know the words of the prayer, at which the ghost of Ethel Rosenberg, unseen for everyone except Roy, starts whispering the words so that Louis can repeat them. While all those present, including the ghost, have their reasons to hate Roy, they are united by the ancient words and tradition of this Jewish prayer for the dead. This (re)appropriation of tradition works liberating for both Louis and Belize, who become a bit less cynical and hard, and for Ethel's ghost, who disappears

from earth after the prayer has ended.³³⁶ As is the case in *An Early Frost*, transformation is here at once gradual and sudden. In *Angels in America*, AIDS creates vulnerability in the people who live with the illness, which enables the people surrounding the ill to become better versions of themselves.

In *The Living End*, their diagnosis with HIV does transform main characters Jon and Luke in several ways. In the first place, their diagnosis is felt as being freed from social constraints. Carricaburu and Pierret noted this in their research about how people with AIDS cope:

Although HIV-infection means a limited future, some interviewees, regardless of how they had been infected, struggled against uncertainty by, paradoxically, taking risks. They were all the more capable of doing this insofar as they felt freed of certain social constraints and, therefore, free to do things they could not have before being infected. The risks thus taken figured in the “palliative strategies” adopted to “reopen the doors closed by AIDS”. (...) These calculated risks can be interpreted as the will to keep some control over one's life. Indeed, being active, doing things, is a way to project one's life into the future and to refuse being taken prisoner by illness.³³⁷

While Jon nor Luke show any distinct symptoms of an AIDS-related illness,³³⁸ both HIV-positive characters interpret their diagnosis as the definitive sign of being at odds with society at large, which gives them the freedom to take risks and do whatever they want. This opens the door for them to criticise society, as well: they are both very conscious of their deviant, ‘queer’ position of being both ‘sick’ and queer at the same time, which puts them outside normative society. Embracing their position as ‘failed’ with regards to normative society, as Halberstam puts it, enables those characters to ‘use the experience of failure to confront the gross inequalities of everyday life.’³³⁹ As Lajoie and Douglas argue, being ‘sick [can be seen] as deviance from the norm and as a wilful refusal to be well, if “being well” mean[s] *falling in line*.’³⁴⁰

A similar position can be seen in *120 BPM*, where a diagnosis with HIV, or a consciousness about HIV/AIDS, is translated into an activist stance and criticism towards the

³³⁶ *Angels in America*, disc 2, chapter 6 ‘Hell, I’m in heaven’, 02:24:00-02:25:00.

³³⁷ Carricaburu en Pierret, ‘From biographical disruption to biographical reinforcement’, 79.

³³⁸ Although Jon does start coughing towards the end of the narrative, this is not explicitly related to AIDS.

³³⁹ Halberstam, *The queer art of failure*, 4.

³⁴⁰ Lajoie en Douglas, ‘A crisp queer dialogue on sickness’, 5.

government and other power structures, such as medical boards and pharmaceutical companies. A diagnosis with HIV, and the accompanying repudiation from normative society, thus can raise awareness about social injustice and transform those affected into activists (*120 BPM*) or anarchists (*The Living End*).

Now, I will take a look at the other way in which AIDS transforms characters in AIDS films, namely, on the bodily level. Several films portray their characters with AIDS as gradually emaciating, especially *Dallas Buyers Club* and *120 BPM*. While in *Jeffrey*, the more important characters with HIV/AIDS all look splendid and healthy during the whole film, the physical transformation of one minor character, Todd, is used to enhance the horror and fear Jeffrey feels with regards to AIDS. In a scene at 00:35:00-00:36:00, the queer city guardians Sterling and Darius are called for an emergency because a certain Todd is seen walking on the street in his underwear. While we cannot understand this scene at this point in the narrative, we finally see Todd as a guest at a memorial service for a man who died from the consequences of an AIDS-related illness. Jeffrey, who attends the service as waiter, asks Sterling who the ill-looking, blind and helpless man 'over there' is; when Sterling says 'He's Todd from the gym' and dismisses his blindness as 'just a side-effect' from his medical treatment, Jeffrey gets upset. 'When I first came in the city, Todd was a god!' When Darius, Sterling's partner, joins their conversation and says that Todd 'looks better', Jeffrey screams: 'Darius, Todd is dying!', at which Darius, who is living with AIDS as well, raises his eyebrows and toasts with his glass in an exaggerated, ironic movement.³⁴¹ While Darius and Sterling try to minimize the deterioration that is caused by AIDS-related illnesses, thus negating Todd's illness trajectory (see §3.2.4), Jeffrey stresses Todd's gruesome transformation from 'gym god' to blind, helpless man, thus proving that his fear for infection is legitimate.

Apart from the transformations elaborated above, this bodily level of transformation is usually visualized in AIDS films in one particular way. Didier Roth-Bettoni asserts that Kaposi sarcoma has become 'the symbol of AIDS in so many AIDS films' from *An Early Frost* onwards, where it becomes 'the concrete, visible, identifiable image of AIDS'.³⁴² While being only one of the many kinds of cancers and infections that are regarded as typical AIDS-related illnesses, KS is the most commonly used in AIDS films, meant to clearly visualize and identify a person as

³⁴¹ *Jeffrey*, 00:50:16-00:51:20.

³⁴² '(...) taches violacées liées au sarcome de Kaposi (...) qui va devenir le symbole du sida dans tant de films à venir' and, talking about *An Early Frost* : 'le sarcome de Kaposi acquiert ici son statut d'image concrète, visible, identifiable du sida'. Roth-Bettoni, *Les années sida à l'écran*, 21 en 49.

someone living with AIDS. 'Kaposi sarcoma (KS) is the most common cancer seen in HIV. (...) HIV-related KS usually develops only in people with relatively advanced HIV disease. Symptoms include brown, purple, or pink lesions (or blotches) on the skin'.³⁴³ In AIDS films, KS lesions are visualised in this whole colour range, going from clearly defined, dark brown spots (*House of Boys*) to a mere hint of bruises (*120 BPM*). Only a few AIDS films in which the characters do have 'full-blown AIDS' do not show any trace of KS (with *Jeffrey* and *Bohemian Rhapsody* as examples).

As we have seen in §3.2.1, in *Angels in America*, KS is used as metonymy of AIDS, to the point that 'KS' as a term simply replaces the term 'AIDS'. Something similar can be seen in *House of Boys*, although here, the cinematographical use of KS has some important temporal dimensions. The narrative and images regularly hint towards AIDS before the characters themselves are aware of it; we can see a tiny KS lesion on Jake's face, but it isn't shown in a suspicious or dramatic way (yet).³⁴⁴ When Jake is in the hospital because he fainted and fell through a glass table during a drugged orgy, the doctor examines his lesion, which is dismissed by Jake as a pimple.³⁴⁵ Gradually, while Jake's health declines, we see him getting covered all over with very salient and dark brown KS lesions, of which Frank says that 'he's getting weaker, Kaposi is eating him up.'³⁴⁶ Later, Jake starts crying and says: 'The spots... It's more of them. I feel marked. And I ain't pretty.'³⁴⁷ AIDS is here almost equalled with KS, and the increase of KS is used in the film both as a sign for the decline of his health as for the progress in time. At the same time, Jake gets increasingly alienated from his own body because of his KS. Here, the science fiction trope of being 'taken over' by something alien is very present, thus magnifying the sense of horror towards AIDS.

³⁴³ 'Kaposi sarcoma', U.S. Department of Veterans Affairs. <https://www.hiv.va.gov/patient/diagnosis/OI-Kaposi-sarcoma.asp>, laatst geraadpleegd op 31 augustus 2023.

³⁴⁴ *House of Boys*, 01:02:00.

³⁴⁵ *Idem*, 01:11:09.

³⁴⁶ *Idem*, 01:19:10.

³⁴⁷ *Idem*, 01:20:40.

3.3.2 Suspended animation

In 2011, Steven Bruhm writes that '[r]ight now the cocktail [of medication against HIV] (...) has reinvented the infected body as one of suspended animation; it encourages the HIV subject to move forward with narrative futurity, but also with the consciousness of potential collapse.'³⁴⁸ However, as we have seen, AIDS has always been an illness that involved many kinds of 'prolonged waiting',³⁴⁹ even before the introduction of reliable antiretroviral therapy: as Demmer argues, '[t]he chronic phase [of AIDS] is long and unpredictable and filled with ambiguity'.³⁵⁰ In their research, Carricaburu and Pierret quote a HIV-positive man: 'With this illness, you're waiting. I'm waiting for a miracle cure. I'm waiting when I take a bath and I see a spot and hope it's not a Kaposi.'³⁵¹

Sontag's suggestion that '[t]hinking in terms of "stages" is essential to discourse about AIDS'³⁵² also points towards the suspended, elongated illness temporality. When we look at the illness phases related with a chronic, fatal disease, the chronic phase, in which one copes with the illness, the phase of temporary remission and the terminal phase in which one prepares to die, all involve suspended temporalities. Below, I will take a closer look at the moments of suspended time as visualized in AIDS films. I will focus on two different forms of suspended animation: one that joins with Bruhm's notion of 'narrative futurity', seeing suspended time in a positive, hopeful light, and one that shows the unbearable character of suspended time and, especially, suspended suffering. The latter form of suspended animation is mostly visualized in (contemplations on) suicide.

In *Dallas Buyers Club*, main character Ron, who is at the time very ill because of AIDS-related diseases, can be seen in a church, praying: 'Can you slow it down a bit? I just need to catch my breath.'³⁵³ He thus wishes to exchange his terminal phase for the suspended, chronic phase of AIDS, with which he thinks he could cope better.

At one of the opening scenes of *House of Boys*, which takes place several years after the happenings in the main narrative, Frank identifies himself as a survivor of AIDS, especially associating himself with the dictionary definition of 'an animal that survives in spite of adversity.' He wonders: 'How did I become a survivor? Lots of chemicals and lots of dancing

³⁴⁸ Bruhm, 'Still here', 328.

³⁴⁹ St. Pierre, 'Living with chronic pain', 32.

³⁵⁰ Demmer, 'Grief and survival in the era of HIV treatment advances', 11.

³⁵¹ Carricaburu en Pierret, 'From biographical disruption to biographical reinforcement', 76.

³⁵² Sontag, 'AIDS and its metaphors', 107.

³⁵³ *Dallas Buyers Club*, 00:23:55.

and raving.³⁵⁴ Living in the chronic phase of AIDS, Frank uses all kinds of means that emphasize his feeling of suspended time; drugs, dancing and music all have in common the evocation of a queer temporality, apart from 'normal' and normative time. By creating for himself endlessly stretched temporalities, he enhances the feeling of living 'long', thus giving the chronological character of his illness a personal, hedonist meaning.

The endings of *Bohemian Rhapsody*, *Dallas Buyers Club*, *An Early Frost*, and *Jeffrey* all show an investment with the above-quoted 'narrative futurity' without, however, the availability of (reliable) medication that will help them through; their narrative futurity is one of hope against all odds. As elaborated in §3.2.3, 'Mythical and religious tropes', the hope in *Bohemian Rhapsody* and *Dallas Buyers Club* is staged in a typical heroic, individualistic way.

In *An Early Frost*, the hope gets invested with a feeling of tragedy, since only his family knows Michael's life expectancy of one or two years: his doctor explicitly asked his mother to keep this information from him: 'Encourage him to live his life. (...) Allow him his hope. It's the only weapon he has.'³⁵⁵ Thus, when Michael leaves his parental home to take up his normal life again, his ignorance about his probable fate makes his seemingly carefree happiness tragical; on the other hand, Michael deliberately concealed the AIDS-related death of a friend for his parents because he wanted to keep this tragic truth for them. Their mutual concern to keep each other ignorant about the probable fate of people with AIDS shows the depth of their bond and invests their hope against all odds with sentiment, rather than with heroism.

In *Jeffrey*, the narrative futurity of the ending is, unlike the endings of both *Bohemian Rhapsody* and *Dallas Buyers Club*, not in the least heroic; and while it is touching, sentiment is also absent. Rather, *Jeffrey's* ending is a queer, utopian one. When Jeffrey finally decides to enter in a relationship with the HIV-positive Steve, he introduces a red balloon, which the two men in turn toss towards each other, walking around their table in a restaurant, until finally, Steve pushes the balloon away and makes it fly out of the window. The film's last scene follows the flight of the red balloon through the city.³⁵⁶ The meaning of the balloon is suggested in an earlier scene, when a queer priest (Nathan Lane) tells Jeffrey about God: 'Have you ever been at a picnic? Someone blows up a red balloon, and everyone starts tossing it around. It's always just about to catch the ground, but someone always catches it just in time. That balloon, that's God.'³⁵⁷ God, or 'hope against all odds', is visualised here in a childish way, thus pointing at the

³⁵⁴ *House of Boys*, 00:01:30.

³⁵⁵ *An Early Frost*, 00:47:32-00:47:43.

³⁵⁶ *Jeffrey*, 01:23:45-01:24:59.

³⁵⁷ *Ibidem*, 01:00:30-01:00:44.

resources of queer culture, seeing 'the potentiality imbued within an object, the ways it might represent a mode of being and feeling that was (...) not quite there but nonetheless an opening', which Muñoz considers typical for queer, utopian futurity. A childish object is invested with emotional meanings and presents a 'utopia [that] exists in the quotidian',³⁵⁸ in which both Jeffrey and Steve have to believe in order to invest themselves fully, without fear for the possibility of AIDS, in their relationship.

Suspended animation can also be unbearable. Suicide is a recurrent theme in AIDS films that do not adhere to the mainstream narrative in which positive thinking is a way to 'fight' against an illness, as elaborated in §3.2.3, 'Mythical and religious tropes'. As I have argued, especially the 'queer' films *120 BPM*, *The Living End* and *Plaire, aimer et courir vite* oppose the Promethean idea of heroism-against-all-odds; they do so by 'rethinking the conventional emphasis on longevity and futurity [through] making community in relation to risk, disease, infection, and death'.³⁵⁹ Those queer films transcend, however, the still 'positive' focus on community-making visible in this quote by showing the ultimate consequence of embracing the presence of disease and death, which is the reality of death itself, and thus the undoing of community.

In *The Living End*, where suicide is contemplated, and *almost* performed in the end, suicide is presented as a way to give meaning to an otherwise meaningless life, as well as to avoid the suffering that accompanies the break-out of AIDS-related diseases. In the films where suicide is carried out, it is presented as a way to stop the enduring suffering,³⁶⁰ but also as a way to (re)gain control over one's own life, as is the case in *Plaire, aimer et courir vite*: Jacques and his very ill ex-partner discuss committing suicide in order to avoid the passivity which one experiences when one is too ill to decide for oneself: 'When you die at the hospital, you don't have a choice. That means you have to go before that happens, before the last hospital. Don't miss the boat.'³⁶¹ Because Jacques has a son, his ex says he has to endure his illness until the end, but Jacques is not convinced.

When Jacques ultimately chooses his own death, it can be understood both as a taking of control, but also as the 'solution' for the conflicting temporalities in which he and his love interest Arthur live. As Jacques says to Arthur, 'I cannot allow myself to have a last romance,

³⁵⁸ Muñoz, *Cruising Utopia*, 9.

³⁵⁹ Halberstam, *In a queer time and place*, 2.

³⁶⁰ *120 BPM*, 02:00:00.

³⁶¹ 'Quand tu mourras à l'hôpital, on a pas de choix. Alors, il faudra partir avant. Avant le dernier hôpital. Pas rater le bateau.' *Plaire, aimer et courir vite*, 00 :43 :??

dreaming of a life that won't take place, or dreaming of a story... It's out of reach for me. I don't plan to come to my end while dreaming.'³⁶² When he prepares his suicide, Jacques leaves his diaries to his best friend, saying how he started writing them when he was young: 'In the end, twenty years do not occupy that much space.'³⁶³ Unlike *120 BPM*, where the 'temporality of dirt' (see below, §3.3.3) makes Sean's death meaningful in the light of activism, *Plaire, aimer et courir vite* shows a 'failed' life, in which Jacques fails in his romantic and sexual relationships, as a father and as an author, and even in his 'meaningless' death. Nothing gives meaning to Jacques' suffering, illness, life or death, which is in itself a meaningful adherence to the 'hidden history of pessimism in a culture of optimism'.³⁶⁴ As Halberstam puts it, 'This is a story of art without markets, drama without a script, narrative without progress. The queer art of failure turns on the impossible, the improbable, the unlikely, and the unremarkable. It quietly loses, and in losing it imagines other goals for life, for love, for art, and for being.'³⁶⁵ By unsettling the viewer's expectations for a happy or in any case a meaningful narrative and ending, *Plaire, aimer et courir vite* invites the viewer to question conventional narratives, part of which is the dream of 'narrative futurity'.

3.3.3 Temporality of dirt

I will now address a glimpse of quite another temporality that can be seen in *120 BPM*: what literature professor Jim Ellis calls 'the temporality of dirt'.³⁶⁶ Ellis's reflection on this queer reinterpretation of universal time, indifferent to the temporalities of men, states that 'we are a temporary formation, an assemblage of matter that is itself infinitely old, and which will carry no trace of having been a part of us after we return to the dirt. Or more accurately: after we leave the dirt, and the dirt that was temporarily us continues its progress through the universe.'³⁶⁷

³⁶² 'Je ne peux pas me permettre une dernière romance, rêvant d'une vie qu'il n'aura pas lieu, ou rêvant d'une histoire... C'est hors de portée pour moi. Finir en rêvant n'est pas dans mes plans.' *Plaire, aimer et courir vite*, 01:32:??.

³⁶³ 'Ça ne prend pas tant de place, vingt ans, finalement.' *Ibidem*, 01 :59 :??.

³⁶⁴ Scott Sandage, *Born losers: A history of failure in America* (Harvard 2005) 9, quoted in Halberstam, *The queer art of failure*, 88.

³⁶⁵ Halberstam, *The queer art of failure*, 88.

³⁶⁶ Jim Ellis, 'The temporality of dirt: Queer materiality in Jarman's *Modern Nature*', *English Studies in Canada* 40 (2014) afl. 2-3, 9-13.

³⁶⁷ *Ibidem*, 10.

The relevant film scene starts with dance music, which is accompanied by flashing images of lights and darkness, a cityscape and, gradually, only dancing people, amidst whom we recognize the people from ACT UP Paris. After we see them dancing and laughing for a while, their movements are played in a slower rhythm while the rhythm of the soundtrack, as well as of the flashing alternation of light and darkness, stays the same. Gradually, the camera focuses on the dust particles who are, in their way, 'dancing' in the lights above the dancing people. The people get blurred while the dust particles fill the screen and are slowly transformed into virus particles, who are elaborated in detail and slowly change and rotate. The music, and the scene ends by showing medical drawings of HIV particles on a blackboard.³⁶⁸ The dancers are compared with the dancing dust particles, which are transformed into virus particles; human bodies, dust and viruses are all part of the same atmosphere and context and make similar movements, slowly transforming, disintegrating or moving around each other.

Ellis suggests that this awareness of being part of the material of which the world is made can be related to queer reinterpretations of Derrida's notion of 'hauntology, the idea that the present is haunted by outmoded or abandoned discourses of the past and that these discourses can be exploited to challenge the apprehension of the present as natural or inevitable.'³⁶⁹ When everything is made and re-made of the same material, everyone is literally carrier of older, 'other' particles. In a theoretical sense, such outmoded discourses of the past are present in the *120 BPM* film scene where a historical revolutionary text, explicitly dated 'the 23d February 1848', can be heard in a voice-over of actor Ariel Borenstein while his character, Jérémie, is shown to be dying at the hospital.

The historical revolutionary text refers to the civil uprising that erupted on the 22d February 1848 in Paris against the social injustice and economic crisis caused by the policy of king Louis-Philippe, who abdicated on the 24d February, after which the monarchy in France was abolished permanently and the Second Republic was established. On the 23d February, a crowd of over six hundred mostly unarmed citizens, who had gathered outside the Ministry of Foreign Affairs as a form of social protest, got attacked by the army regiment that was guarding the building. The resulting massacre only stimulated the anger of the civilians, some of them loading the bodies of the dead on horse-wagons and parading them through the streets.³⁷⁰

³⁶⁸ *120 BPM*, 00:22:38-00:25:23.

³⁶⁹ Ellis, 'The temporality of dirt', 11.

³⁷⁰ Mike Rapport, *1848: Year of revolution* (e-boekuitgave; Londen 2008) zonder paginanummers.

The images in *120 BPM* that are visible while the voice-over describes the happenings of that fatal day in 1848 resonate on several levels with the historical context thus evoked. Firstly, the aims of ACT UP Paris are presented in continuity with those of the historical revolutionaries, thus interpreting AIDS and the governmental (lack of) policy towards the illness as a case of social injustice that demands for civilian protest. Secondly, the government is seen as directly responsible for the AIDS-related deaths, in a way that mirrors the deaths of the protesting civilians in 1848; killing people through neglect (as is the case with AIDS) or through direct, armed action (as is the case in 1848) is presented as similar. Finally, parading the bodies of those who died through the streets is seen, both in 1848 as in the context of AIDS, as a fruitful tactic to raise other people's anger. In this film scene, the images of Jérémie's illness are alternated with images of the activists who are walking on the street as part of Jérémie's funeral procession, while all the time hearing Jérémie evoking the historical past in the voice-over. This specific historical protest thus gets strongly associated with the current governmental AIDS politics and with the forms the protest against it takes on, while transforming Jérémie into some kind of political consciousness which literally 'haunts' the streets.³⁷¹

The temporality of dirt is also more explicitly present in the film's final scene, where the dust of Sean's ashes becomes part of an activist action when it gets scattered over the food which is served at a banquet of an insurance company.³⁷² Eating the food would mean carrying particles of Sean, and thus of an accusing, revolting past, with them. Thus, the film as a whole shows an awareness to the potential richness of carrying the past, literally, in you, while being the fundamentals of the future. This 'material perspective (...) places us in a different relation to time, by reminding us of the dirt we haunt and our obligation to it.'³⁷³ Indeed, instead of making the protest and suffering of the activists irrelevant in the light of the eternally transforming material of the world, *120 BPM* underscores its relevancy, showing how it is interrelated with other, older forms of protest.

³⁷¹ *120 BPM*, 01:08:10-01:08:54.

³⁷² *Ibidem*, 02:11:39-02:14:20.

³⁷³ Ellis, 'The temporality of dirt', 12.

3.3.4 Queer historical culture

As queer theorist Heather Love argues, '[t]he longing for community across time is a crucial feature of queer historical experience, one produced by the historical isolation of individual queers as well as by the damaged quality of the archive.'³⁷⁴ I would add that the complex AIDS-related mourning, combined with the uncertainty about one's future, reinforces the desire for 'an imagined community of the marginal and the excluded', built out of 'partial, affective connection[s] (...) across time'.³⁷⁵

In §3.1.3 'Memorial time', I have referred to camp as a way of coping with the complexities of loss and mourning with regards to HIV/AIDS. This specific use of camp can be compared to the workings of queer historical culture: 'Camp could simultaneously distance gay men from the humiliation they endured as social outcasts while creating an alternative moral order and culture in which gay men were in control (...) These styles reflected the self-consciousness of some gay men as sexual or gender outsiders and helped them define themselves as "insiders" of their own secret world.'³⁷⁶ Taking refuge in a queer historical culture can thus be understood as a strategy that keeps one apart from the (stigmatizing) mainstream while understanding one's own life in terms of historical continuity within one's queer community.

This understanding of a queer historical culture is particularly salient in *Plaire, aimer et courir vite*, where it is mostly used as a comfort to Jacques; as seen in §2.3.2 'Utopian sex', Jacques imagines the existence of 'a huge homosexual orgy parallel to the one of Adam and Eve.'³⁷⁷ The film repeatedly shows how Jacques understands his social relations in comparison with queer historical figures and visualizes how he lives among references to queer historical culture. In Jacques's living room, for example, is a film poster which opens up a complex web of associations:³⁷⁸ it is made by queer pop-artist Andy Warhol for queer filmmaker Rainer Werner Fassbinder's 1982 film *Querelle*, which is the adaption of queer author Jean Genet's 1947 novel *Querelle de Brest*. An extremely artificial film which abounds of symbolic and phallic elements, *Querelle* is understood to be an acme of queer sensibility and queer culture.

³⁷⁴ Love, *Feeling backward*, 37.

³⁷⁵ Ibidem.

³⁷⁶ Alan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War Two* (New York 1990) 86-87, quoted in Román, "'It's My Party and I'll Die If I Want to!'", 314.

³⁷⁷ 'Le genre Whitman (...) on se rend vite compte qu'il a couché avec tout le monde (...) vaste coïte sodomite universelle, parallèle à celui d'Adam et Eve.' *Plaire, aimer et courir vite*, 00:53:??.

³⁷⁸ During a few seconds, the poster is visible in the background. Ibidem, 01:21:??.

This one visual element among the many that are discernible in *Plaire, aimer et courir vite* thus refers to a whole ‘secret world’ of a queer historical culture, suggesting that the film’s target audience consists of insiders.

In some cases, AIDS films refer to specific AIDS-related queer cultural expressions and historical subjects. While those references can serve similar purposes as the reference to a broader queer historical culture, it also suggests a tragic enclosedness in a historical continuity closely connected to disease, loss, death and mourning. Referring to all those other people who died because of the consequences of AIDS thus subtly emphasizes the impossibility to escape their tragic fate.

Reference to this AIDS-related queer culture can be found in *120 BPM*, where actual footage is abruptly inserted in the narrative, consisting of pictures of a queer man, Kenny Ramsauer, and his partner.³⁷⁹ (See §2.4.2, where I discuss this film scene’s narrative.) Ramsauer’s shockingly framed before-and-after AIDS photographs, focusing on the bodily distortions caused by AIDS-related illnesses, were broadly distributed in the American and international press at the time of his death, in 1983. Used in many AIDS-media and documentaries,³⁸⁰ the re-iteration of those images in *120 BPM* reflects on the way (queer) people with AIDS are visualized in the media and what effect it has (had) on its audience.

In *Plaire, aimer et courir vite*, a short visual reference is made to author and photographer Hervé Guibert, consisting of several of his (self)portraits that are pasted on a wall in Jacques’s apartment.³⁸¹ Guibert wrote and created many influential cultural expressions related to AIDS and the influence of the crisis on queer culture as a whole, and on his own personal relations. Guibert himself died in 1991 by the consequences of AIDS and can thus be interpreted as some sort of mirror for Jacques, who’s own health rapidly deteriorates. At the same time, as discussed above, Guibert is but one of the queer historical figures the film refers to, focusing more on an idea of historical continuity among queer people and cultural products than on the fate of one queer subject.

In *House of Boys*, footage of Hollywood film star Rock Hudson who died, in 1985, by the consequences of AIDS, is used in the film’s narrative,³⁸² as I elaborate below in §3.4.1 ‘Stagnated suffering’. A much more subtle reference to queer historical culture, closely linked

³⁷⁹ *120 BPM*, 01 :22 :40-01 :23 :15.

³⁸⁰ Among which are Stuart Marshall’s documentary *Bright Eyes* (1984) and David France’s documentary *How to Survive a Plague* (2012). The time difference between those two documentaries shows the ongoing influential, as well as controversial, power of the photographs discussed.

³⁸¹ Shortly visible in *Plaire, aimer et courir vite* around 00:56:??.

³⁸² *House of Boys*, 01:29:20.

with AIDS, is made at 00:48:57, at a time when the characters are still largely ignorant about the existence of AIDS and the looming outbreak of the illness in one of them. In this scene, gay club owner and drag queen Madame suddenly starts to lip-sync in front of their employee Jake. Their choice of song is significant: known as 'The Cold Song', this 17th century aria from Henry Purcell's opera *King Arthur* is the best-known song in the repertoire of countertenor Klaus Nomi, who used it in pop performances that resemble, and were admired by, David Bowie. In 1983, Nomi was one of the first well-known people who died because of an AIDS-related illness. Thus, the dramatic re-iteration of this song (whose lyrics repeatedly ask 'Let me freeze again to death') can be understood as the harbinger of AIDS and the death with which it is, here, closely associated.

On the production level of the film – referring not to its narrative but to the production circumstances and the personal stance of the filmmaker and actors – one can distinguish three notable references to other AIDS films, thus relating *House of Boys* to the cultural domain of other AIDS films and positing itself as a part of the historical continuity of cultural expressions that explicitly address AIDS. One such reference consists of the choice of actors: Stephen Fry here takes on the role of a doctor who does research about HIV/AIDS. One of the first films in which Fry acted is Kenneth Branagh's 1992 dramady *Peter's Friends*, in which Fry takes on the part of main character Peter, who assembles his best friends in his country house to tell them he is HIV-positive. Furthermore, Fry had, two years before the release of *House of Boys*, shown his personal interest in HIV/AIDS in his 2007 documentary *Stephen Fry: HIV & Me*. His casting in *House of Boys* thus shows a continuity with the actor's career and personal interests. The two other references to AIDS films consist of an exact quotation of a few sentences from Norman René's 1989 *Longtime Companion*,³⁸³ as well as the poignant use of the song *Là-bas*,³⁸⁴ which is originally written and created by musician and filmmaker Cyril Collard and used in his AIDS film *Les Nuits Fauves* (1992). Both filmmaker Norman René and Cyril Collard died in the 1990s because of the consequences of AIDS. Thus, the direct references to their AIDS films in *House of Boys* shows a strong confirmation of the richness and importance of cultural expressions related to AIDS, as well as occasioning a sense

³⁸³ In both films, those are the sentences uttered by the healthy partner while supporting their dying partner: they repeatedly urge the other to 'let go' and assure them that 'I am here with you'. *House of Boys*, 01:39:19-01:40:03.

³⁸⁴ In *House of Boys*, the song is performed by a street musician who is sitting on the rocky coastline of Marocco, where Jake's ashes are scattered in the sea by Jake's partner Frank and Jake's ex-partner Carol (Emma Griffiths Malin). *House of Boys*, 01:44:55-01:46:35.

of mourning for all those artists, be it Klaus Nomi, Norman René or Cyril Collard, who died because of AIDS.

3.4 Inner time and rhythms

The experience of living with chronic pain unsettles the time related to first person lived experience in several ways. In this paragraph, I will address in two sections what St. Pierre calls the 'non-futurity' of chronic pain.³⁸⁵ First, I will take a look at the experience of stagnated pain, and how it isolates the one who suffers. This section can be understood as the translation into lived experience of the temporality addressed in §3.3.2 'Suspended animation'. In the next section, I will elaborate how some AIDS films stage sexuality as a means to temporarily overcome this experience of stagnated pain. Then, I will elaborate how the lived experience of suffering influences the interrelated experience of duration as concerning both the past, present and future. While the 'non-futurity' of chronic pain is visualized in *120 BPM*, the blurring of the boundaries between past, present and future is also strongly present in several AIDS films, resulting in confused temporalities in which no distinction can be made between the three categories.

3.4.1 Stagnated suffering

While the temporality of stagnated suffering is also addressed in section §3.3.2 'Suspended animation', I now address its lived experience, which is described, in medical humanities studies, as 'a type of "non experience"' as it disintegrates the normal temporal flow of life and the notion of subjectivity which depends on this flow (elaborated in §3.4.2, 'Blurring or setting of boundaries').³⁸⁶ In this section, I first elaborate how physical suffering at large is addressed in AIDS films. Then, I focus on the way suffering can be seen to stagnate time. *House of Boys* shows an especially rich example of the way filmmakers can address this temporality, using tableau vivants as a technique particularly suitable to convey the queered temporality of suffering.

³⁸⁵ St. Pierre, 'Living with chronic pain', 31.

³⁸⁶ Ibidem, 30.

AIDS films use a diversity of techniques to convey the experience of physical pain. Both *Bohemian Rhapsody* and *Dallas Buyers Club* use the combination of artificial sounds of increasing volume with sudden black screens and/or flashlights which, in combination with the head-grasping movements of their main character, are supposed to convey the experience of intense head-ache and temporary disorientation. Both films thus try to convey pain ‘from the inside’, communicating to the viewer how it feels. *Plaire, aimer et courir vite*, and *120 BPM* all stay ‘outside’ the character, communicating on the numbing effects of the pain the characters experience through a slowing down of movements of either the character himself or of the rhythm in which the film images are played without, however, trying to convey the pain experience itself. Interestingly, this way of addressing pain seems to approximate pain experiences recorded in medical humanities studies. Nilsen and Elstad, for example, assert that ‘pain peaks (...) create the feeling that time seems to stand still, with past and present coalescing “into a stagnating present”’.³⁸⁷ This sense of stagnation is visualized in the first two films, when the camera lingers for a longer time on meaningless, daily objects, such as socks (*Plaire, aimer et courir vite*) or an empty wall or statuettes of cats (*120 BPM*) and thus conveys both the suspended animation of suffering, as well as the meaningless, empty look with which the suffering character tries, but fails, to reconnect himself to the world. (More on this in §3.4.2, ‘Blurring or setting of boundaries’.) *Plaire, aimer et courir vite* also stresses in dialogue the isolating and numbing effect of pain, when Jacques’s very ill ex-lover, who dies early in the film, says: ‘I have pain everywhere. I can’t be in love with anyone. I just want to close my eyes and have peace.’³⁸⁸

Angels in America addresses physical pain in a slightly different way. On one hand, we see the suffering of the two characters with AIDS, Prior and Roy, from the outside: they show distorted faces, are sweating and/or bleeding, sometimes crying for help. At one point, Prior sums up his symptoms (lesions, diarrhoea, blood and protein in urine) in the slightly ironical, matter-of-fact way that typifies his character and with which he tries to provoke softer feelings in his partner Louis.³⁸⁹ On the other hand, the effect of their suffering, in this case their disorientation and isolation, is visualized in fantasy images which include angels and ghosts. Illness and pain, here, are gateways to different temporalities: other than the healthy

³⁸⁷ Gudrun Nilsen en Ingunn Elstad, ‘Temporal experiences of persistent pain. Patients’ narratives from meetings with health care providers’, *International Journal of Qualitative Studies on Health and Well-being* 4 (2009) afl.1, 51-61, aldaar 58. <https://doi.org/10.1080/17482620802416129>

³⁸⁸ ‘Moi, j’ai mal partout. Je ne peux pas être amoureux. De personne. Moi, je veux juste fermer les yeux et avoir la paix.’ *Plaire, aimer et courir vite*, 00 :45 :??.

³⁸⁹ *Angels in America*, disc one, chapter one ‘Millenium approaches’, 00:47:50-00:48:17.

characters, the ill can talk to their ancestors, to angels and ghosts. *Angels in America* thus addresses both the pain experience itself, as well as its disorienting effect on the characters.

The queered temporality of the experience of intense physical suffering is addressed in a unique and complex way in *House of Boys*. Three consecutively shown tableau vivants problematize the temporalities of the narrative and film with regards to the lived experience of pain; they are shown when Jake is very ill from the consequences of AIDS. Every tableau vivant is shown during six seconds. The first one shows Jake, lying in his bed with a half-covered body, showing the KS on his naked chest and face; lying on his side, he keeps one arm outstretched in the air, holding a canary bird on his outstretched hand while a black cat sits with him, staring in a predatory way at the bird (Image 1). The second tableau vivant is less histrionically staged and shows Frank and Jake, embracing in their living room (Image 2); the third tableau vivant shows Jake in a hospital shirt and wheelchair, bathed in a hard white (hospital) light and staring out of the screen with empty eyes, while his living room, with the warm dimmed light, is in the background, with Frank sitting in the back, reading (Image 3).³⁹⁰

A tableau vivant posits itself as an in-between movement and stillness; the flowing, continuous temporality of the film images comes to a stand-still, the narrative flow is broken. Jake's experience of suffering thus breaks the normal flow of his life, isolating him (as seen in the third tableau) from his lifeworld by literally placing him in another light, thus evoking both a different, 'queered' space and time.

Furthermore, the tableau vivants question the film medium itself, 'breaking' its normative flow by referencing to an older medium, i.e. painting.³⁹¹ A similar reference is made in this scene's voice-over, which starts simultaneously with the tableau vivants and explicitly refers to another older medium: literature. After we have seen the tableau vivants and witnessed several short scenes in which Frank takes care of Jake – walking with his wheelchair, washing him –, the temporality of the voice-over joins the temporality of the narrative when we see and hear Frank reading aloud to Jake, who lies in his hospital bed. The book Frank reads is Aidan Chambers's queer novel *Dance on my grave* (1982). While the fragment is too long to quote at length, its focus is time, reflecting on how 'this is not the end': 'How can it be the end when even I don't know what the end is yet?', claiming a freedom from either

³⁹⁰ While I don't usually include images in this thesis since I focus on moving (flowing) images, I make an exception for those tableau vivants, since they are visualised in the film as still, not-moving images. The images are included at the end of this section, on page 106-107.

³⁹¹ Joanna Barck, 'Zwischen Bild und Filmbild. Zur strukturellen Eigenheit der Tableaux Vivants im Filmbild' in: Idem, *Hin zum Film - Zurück zu den Bildern* (Bielefeld 2015) 57-80, aldaar 63-66.
<https://doi.org/10.14361/9783839408179-002>

beginning or end: 'The only thing that is important is that we all somehow escape our history.'³⁹² Thus, the flowing temporality of the film, but also the temporality of what is considered a 'normal' (biographical) narrative with a clear beginning and end, are blurred and broken through the merging of tableau vivants and literary quote, at the same time connecting itself with two important mediums of European art history and thus inscribing itself in this tradition, as well as searching a connection with queer history through reference to Chambers's novel.

'Escaping our history', what the voice-over says, is exactly what Jake's illness problematizes: in the following scenes, we see what he apparently sees while he lies in a coma, reliving painful scenes from his childhood until he, as an adolescent, manages to run away from home and is simultaneously freed from his suffering. (See also §3.4.2, 'Blurring or setting of boundaries', where I re-address this scene.) This image of running away from one's personal history returns through the whole film and is repeated, as seen above, in the literary reference. However, the film's narrative about AIDS, as well as the many references to different art forms, mediums and (queer) history, all stress the fact that no escape is possible from collective history. Another hospital scene suggests that it is exactly Jake's personal suffering which makes him part of collective (queer) history. This scene combines Jake's suffering with a partly quoted speech from Rock Hudson, the first Hollywood star who died of the consequences of AIDS and whose death did much to raise AIDS awareness by the general public. By merging Hudson's words, who focus on collectiveness, with Jake's suffering, the latter's experience transcends his personal history and gets part of the greater AIDS narrative: 'I'm not happy that I have AIDS. But if that might help others, I could at least know that my own misfortune -'.³⁹³ On the level of the filmmaker, furthermore, even more quotes and references to other AIDS films can be discerned, both in the narrative and in the choice of actors (as elaborated in §3.3.4, 'Queer historical culture'). While Jake's suffering thus isolates him from his partner, at the same time, it connects him to (queer) history at large, making him transcend personal time and assimilating this one story in collective history. While this can be understood to be the aim of many AIDS films (i.e. revealing collective AIDS history through focusing on the experiences of one or more subjects), *House of Boys* addresses this aim in its narrative through a unique montage and mise-en-scène.

³⁹² *House of Boys*, 01:27:05-01:28:23.

³⁹³ *Ibidem*, 01:29:20.



Image 1. *House of Boys*, 01:27:05-01:27:11.



Image 2. *House of Boys*, 01:27:12-01:27:18.



Image 3. *House of Boys*, 01:27:19-01:27:25.

3.4.2 Blurring or setting of boundaries

Normally, 'lived time is a unity of the past, present, and future, and is more than simply a succession because the immediate 'no-more,' 'present,' and 'yet-to-come' are ordinarily never sharply separated".³⁹⁴ Due to the lived experience of illness, the boundaries between the experientially blurred categories of past, present and future can be either blurred into the extreme into a chaotic, indistinguishable temporality, thus referring to the intense psychological chaos suffering can induce, or the boundaries between those temporal categories can be set in a rigid way, making some categories unavailable in the experience of the suffering person. First, I will focus on examples in which temporal categories are blurred into the extreme, as is the case in *House of Boys* and in *Angels in America*, thus evoking the disorientation in time caused by the characters' illness. Then, I will elaborate the way *120 BPM* visualizes the way intense suffering causes the character to draw rigid boundaries between the available temporal categories, thus problematizing subjectivity itself. Finally, in *Plaire, aimer et courir vite*, the incommensurability of several illness temporalities addressed in this chapter are evoked in a long and intense scene which I will analyse at length to conclude and summarize this chapter.

In both *House of Boys* and *Angels in America*, the process of dying of AIDS-related illnesses is connected with an intense blurring of the boundaries between past and present.

³⁹⁴ Leder, 'Healing time', 106.

House of Boys shows how Frank experiences his last days in reliving defining episodes from his troubled childhood and youth (see also §3.4.1). In a dialogue between Jake's partner Frank and Jake's ex-partner Carol (Emma Griffiths Malin), Frank shows how Jake's suffering isolates him from the normal temporality which is an indispensable condition for a shared experience: 'He seems to be in the past,' at which Carol answers: 'He sees his life flashing before his eyes so he can be free of it.'³⁹⁵ As the viewer can follow Jake's experiences, which are staged not so much as a flash-back than as dream-scenes, with clouds floating in between some scenes, we see how Jake, in the end, indeed frees himself from the pain of his past, running freely through field, with the camera then focussing on the blue sky above. After we have seen those liberating images, Jake, still in his hospital bed, stops breathing.³⁹⁶ Temporalities are blurred in such a way that Jake's past becomes, once more, his present and influences that present in such a way that freedom from his past is synonymous with being freed of his suffering body.

In *Angels in America*, the intense suffering of Roy is closely connected with the evocation of a (literal) ghost from his past. From the moment he is seen to be in pain,³⁹⁷ the ghost of Ethel Rosenberg, who received her death sentence because of the juridic interventions of Roy, appears to Roy, who starts talking to her. Past and present get fatally mixed up in Roy's distressed brain when he keeps reliving the process against the Rosenberg's while being simultaneously aware of the presence of his hospital nurse, sometimes talking to the nurse and Rosenberg at the same time. Shortly before his death, Roy confuses Rosenberg with his mother, talking to her as if he was a child, thus fatally confusing different temporalities when he says: 'I'm up so late, it's past my time...' while he does realize, at the same time, that he is dying: 'Next time around, I don't wanna be a man, I wanna be an octopus.'³⁹⁸

Both the discussed scene in *House of Boys* and the one in *Angels in America* can also be understood as a reference to the brain damage that can be the result of an AIDS-related illness; one potential aspect of living with AIDS which is otherwise not explicitly discussed in the AIDS films of my corpus (while *Jeffrey* does show, more or less implicitly, a confused character with AIDS; see §3.3.1 'Transformation').³⁹⁹

³⁹⁵ *House of Boys*, 01:31:08-01:31:50.

³⁹⁶ *Idem*, 01:28:53-01:41:16.

³⁹⁷ *Angels in America*, disc 1, chapter 2 'In vitro', 02:18:00.

³⁹⁸ *Idem*, disc 2, chapter 6 'Hell, I'm in heaven', 02:05:00-02:08:50.

³⁹⁹ Of the AIDS films I do not discuss here, only Randal Kleiser's *It's My Party* (1996), Neil Armfield's *Holding The Man* (2015) and Russell T. Davies' *It's a Sin* (2021) explicitly refer to the possibility of brain damage due to AIDS related illnesses, *Holding The Man* and *It's a Sin* being the only films in which the effects are actually visualized.

In *120 BPM*, Sean's relentless suffering shows the intense interrelation of the experience of temporality-as-flowing with the notion of subjectivity itself. St. Pierre's reflections on this subject are worth to be quoted at length:

If feeling requires a subject of experience—one who feels—pain reveals the limits of starting analysis from lived experience. Pain disassembles the habituated performance of social codes and even the human itself. (...) [T]he concepts of me-ness and humanness (each ableist in their own ways) are precisely what pain calls into question. In other words, my grasp on the world as a me and a human requires an ongoing and coordinated effort that pain disrupts. (...) [P]ain reopens what we think sealed—the ontogeny (beginnings and development) of our subjectivity.⁴⁰⁰

Towards the end of *120 BPM*, Sean's suffering causes his consciousness to gradually stop reaching out into the world. This is visible in several scenes, which all make clear that Sean cannot inhabit the world any longer by making use of his suffering, 'broken' body, which makes him, in a way, stop inhabiting his body too: it has become an object to him, a shell in which he's stuck. He sits in bath perfectly motionless, as if he's a thing, untouched by the warmth of the water, in a scene which is held during an uncomfortably long 12 seconds.⁴⁰¹ Activism, like the whole world, has lost its meaning to Sean: when in the hospital, he watches an action of ACT UP Paris on television; but the sky outside his hospital room is reflected on the screen, and we see Sean's lack of connection with the images.⁴⁰² As phenomenologist Maurice Merleau-Ponty argues, reaching out into the world is acting with regards to one's own 'projects'; it is acting towards a sense of one's own future.⁴⁰³ There is no more future for Sean: not in a literal sense, because he's dying, nor in his lived experience, because he cannot reach out into the world any longer. The suffering overtakes the body and reduces it to 'the certain despair of a self-devouring now',⁴⁰⁴ making Sean to lose his grasp on the world. Thus, extreme suffering makes Sean's experience focused purely on the meaningless present, setting rigid boundaries which cut him off both his past, which would enrich his present with meaning, and his future, which would enable him to reach out into the world.

⁴⁰⁰ St. Pierre, 'Living with chronic pain', 30-31.

⁴⁰¹ *120 BPM*, 01:55:38-01:55:50.

⁴⁰² *Ibidem*, 01:37:20-01:38:35.

⁴⁰³ Maurice Merleau-Ponty, *Fenomenologie van de waarneming*. Douwe Tiemersma en René Vlasblom vert. (Boom 2017 [1945]) 161.

⁴⁰⁴ St. Pierre, 'Living with chronic pain', 30.

To conclude, I will now address a scene in *Plaire, aimer et courir vite* which addresses several of the temporalities elaborated in this chapter, while visualising their essential incommensurability. As described above, the experience of pain can blur, 'constitut[ing] incommensurability between objective time and the immediate time in pain.'⁴⁰⁵ This incommensurability of several temporalities is at stake in a wordless scene in *Plaire, aimer et courir vite*.

While not referred to in this scene, it results directly from Jacques's conflict with medical temporalities: while his doctor insisted on hospitalizing him at once, Jacques protested, trying to be in charge once more of his time-use (as elaborated in §3.1.2). Jacques's wanderings are thus his way to give meaning to the time he has 'won'. The scene starts when main character Jacques, at home, puts music on: we hear the aria 'Scherza, infida' from George Frederic Händel's opera *Ariodante* (1735), which will be the soundtrack of the whole scene and can be understood as the temporality in which he experiences his pain.⁴⁰⁶ The expression on Jacques's face makes clear he is in pain. He puts an icepack in his neck and alternately opens and closes his eyes. The camera focuses on a water bottle, a plant, a heap of freshly pleated socks. The meaningless character of those objects can be understood in relation to Jacques' failure to reconnect himself to the world of which his pain isolates him, as elaborated in §3.4.1.

Then, the temporalities multiply: while the music continues, Jacques goes cruising and kisses a boy who rejects him, while the next moment, we see him walking alone on an empty street, looking at a poster announcing the theatrical staging of Virginia Woolf's queer novel *Orlando* (1928), which is another example of the rich queer historical culture in which Jacques takes refuge, as discussed in §3.3.4. Instead of going home, he crosses the street and enters the park, where he watches a boy sleeping on a bench and smells a rose. While Jacques first tries to reconnect to the world in a social way, this attempt is doomed to fail, as addressed in §3.4.2: his experience of illness puts him apart from 'normal' world, which results in a rejection from a potential sex partner. In a sensual but asocial way, however, Jacques is still able to temporarily connect to the world, watching the beauty of a sleeping boy, smelling a rose. This moment of pure bliss, evocated by an extreme close-up on the lush rose, can be interpreted as a short instance of narrative futurity, addressed in §3.3.2, where the suspended time of Jacques's illness, the short break in between his moments of intense suffering, allows him to reach out towards the world, into a sensual future without suffering.

⁴⁰⁵ Nilsen en Elstad, 'Temporal experiences of persistent pain', 52-53.

⁴⁰⁶ *Plaire, aimer et courir vite*, 01:21:??-01:26:??.

This is only a short moment of hope, however. While the music continues, a sharp visual cut brings us to Jacques who sits on the toilet and breaths heavily as if in pain, after which another cut shows him sitting alone in the bath, still breathing heavily. After a close-up of his face, someone's foot, coming from outside the frame, slowly slides over Jacques's naked chest. Jacques caresses and kisses this foot, after which he takes the dead body of his ex-lover in his arms and caresses his chest, covered with KS. Jacques's experience of suffering blurs the boundaries between present and past, first opening the erotic possibilities of the past, this erotic tension then becomes replaced by a brutal image of mourning and death. Not only is Jacques's dead lover projected into the present: his faltering between being alive or dead forces Jacques to identify with the dead man's illness trajectory, evoked by his KS lesions (as discussed in §3.3.1). Jacques's own suffering projects another man's past on Jacques's future, evoking the feeling that no escape is possible. Then, from a position further away, the camera shows us the bath where Jacques is, once more, alone, and crying, after which the music stops.

Some of the temporal dimensions of this scene can be understood in close association with the text of the aria, which can be translated as 'Enjoy yourself, faithless one': 'Do I still live? And without a sword, O gods! what shall I do? What do you say, o my troubles?/ Enjoy yourself, o faithless one, in the arms of your lover. Betrayed by you, I will now give myself up to death's embrace./ But, in order to break this shameful tie, a sad and bereaved spirit, I will return to punish you.'⁴⁰⁷ At one hand, Jacques longs to die, a longing which results from his suffering in the present and his expectations for the further decline of his health for the future. At the same time, he is firmly rooted in life through his sensual experiences, which he interprets as some kind of betrayal of his dead lover. It is as if he has to die in order to be faithful: AIDS-related illnesses has caused his lover's death, so Jacques cannot allow himself to escape this fate. His experience of pain links him closely to his memories, temporarily resurrecting his dead lover, who's haunting presence confronts him with his own life expectancy.

The illness temporalities of Jacques are in intense conflict with each other, making him want to 'live forever' when confronted with sensual beauty, but at the same time wondering why (and how) he should do so. He cannot live in a social time, unless it is a sociability that links him to his personal and collective past. But this past urges Jacques to give up any thought

⁴⁰⁷ E vivo ancora? E senza il ferro, oh! Dei! che farò? Che mi dite, o affanni miei?/Scherza infida in grembo al drudo, io tradito a morte in braccio per tua colpa ora men vo./ Mà a spezzar l'indegno laccio, ombra mesta e spirto ignudo, per tua pena io tornerò. Translation from: 'Scherza, infida', *Lyrics translate*, <https://lyricstranslate.com/en/scherza-infida-enjoy-yourself-o-faithless-one.html>, laatst geraadpleegd op 14 september 2023.

of narrative futurity. '[T]he complex and paradoxical inhabiting of different time zones, where *to be* is also *to be dead*'⁴⁰⁸ is addressed in the opera aria soundtrack which makes the scene coherent, merging different temporalities into one overwhelming experience.

The most important temporality to understand the experience of living with HIV/AIDS is, as discussed in this chapter, the notion of suspended animation and stagnated time. While this temporal stagnation can be understood in terms of narrative futurity, i.e. a hopeful focusing on an uncertain future, it is also strongly linked with non-futurity, especially when caused by an intense, chronic pain experience.

As described in this last paragraph 3.4, certain AIDS films, such as *120 BPM, Plaire, aimer et courir vite* and *House of Boys*, reach their full potential in visualizing the lived temporalities of people suffering from AIDS-related illnesses. They show in rich and unique ways how suffering can stagnate time and isolate the person experiencing it, and how suffering can blur or set boundaries between the experientially interrelated temporalities concerning one's past, present and future.

4. Conclusion

'I have a hobby now: haunting people.'⁴⁰⁹

To conclude, I now return to my main question and shortly summarize the answers I have elaborated in this thesis. Then, I will take a look at one last question that kept haunting me while elaborating this thesis, namely: in which temporality do AIDS films connect with their viewers?

In my introduction (specifically in §1.1.1 'Context and importance of research'), I have argued that queer theorists at large have neglected the lived bodily experience of illness in their analysis of HIV/AIDS-related temporalities, focusing instead on the political experience of life with AIDS; similarly, medical studies tend to neglect political aspects of the experience of illness while also largely ignoring the non-linear and often non-narrative temporalities experienced when living with a chronic disease or, specifically, with HIV/AIDS. My aim has been to integrate temporality-related concepts and structures elaborated in queer and medical studies, thus proposing a rich framework with which to analyse cultural and lived temporalities.

⁴⁰⁸ Bruhm, 'Still here', 318.

⁴⁰⁹ *Angels in America*, disc 2, chapter 5 'Beyond Nelly', 01:21:00.

Returning to this thesis's main question, 'To what extent and how does fiction film about HIV/AIDS meaningfully visualize and challenge the reconfiguring of the experiences of time caused by HIV/AIDS?', I would now answer that a rich and complex body of temporalities can be seen in AIDS films. I will here readdress some of the most remarkable temporalities.

When it comes to infection time (chapter 2), I have distinguished two main causes for conflicting temporalities. First, the impossibility to determine (retrospectively) the moment of infection with HIV can result in different ways of dealing with time. Secondly, films relate very differently to the lost 'culture of sexual possibility' of pre-AIDS crisis time. Remarkably, the visualization of certain temporalities related to infection time can be related both to moralistic films made for a mass audience, or to films made by and for a queer audience. For example, when a film is vague about the infection time of its character(s), this can either be understood as true to the experience of many queer men during the AIDS crisis, or it can condemn queer sexuality as a whole by suggesting that it inevitably leads to disease.

Another remarkable aspect of temporalities related with infection time is the visualization of utopian reconnections to a lost queer sexual culture. I understand those utopian scenes as provisional and temporary moments of escape from the cause-and-effect temporality in which the human organism (as well as viruses such as HIV) develops and lives. Those utopian moments temporarily reactivate the possibilities of a queer sexual past in the AIDS-ridden present staged in the film, and acknowledge the experience of a non-linear temporality and are often visualized in highly creative, original ways.

When it comes to the time in which the illness itself is experienced and reflected upon (chapter 3), temporalities become even more complex. I have elaborated on the ways the experience of physical pain because of AIDS-related illnesses is visualized in AIDS films; the 'suspended animation' of 'stagnated suffering', in particular, caught my attention. Especially present-day filmmakers working outside of Hollywood, it seems, manage to create phenomenologically poignant scenes where the complex temporalities of suffering is communicated to the viewer.

The tension between 'still' living with HIV/AIDS while being acutely aware of others who get very ill or die because of the consequences of AIDS is visualized in myriad, sometimes highly original, ways. The reality of AIDS forces characters to live in the 'temporal friction between moving forward and collapsing'⁴¹⁰ and makes them adopt, in a flexible way, several strategies for coping with this friction. I think, for example, of the use of camp in the

⁴¹⁰ Bruhm, 'Still here', 321.

visualization of memorial services, and of the conflict arising out of it. I have noted, for example, in §3.1.3 'Memorial time', that while holding a camp memorial service can be interpreted as a celebration of the life of the deceased person which also celebrates the united culture of the queer community, it can also be seen, on the other hand, as an attempt to disidentify from the deceased's fate and to reject the ugly and exhausting realities of being ill.

All of those aspects of living with HIV/AIDS tend to oppose, in their own particular way, what Elizabeth Freeman has called 'chrononormative' structures. Those structures try to 'situate (...) the body's supposed truth (...) within a state-sponsored timeline' and actively favour heteronormative and capitalist temporal structures, insisting on the supposed normality of 'teleological schemes of events or strategies for living such as marriage, accumulation of health and wealth for the future, [and] reproduction'.⁴¹¹ Above, I have elaborated the many different ways in which life with HIV/AIDS upsets chrononormativity. AIDS films tend to visualize and manipulate time in such a way that the 'hidden rhythms' of chrononormativity become visible as not just 'ordinary bodily tempos and routines',⁴¹² but as normative power structures that do not favour those who are ill, queer, or both. While chrononormative structures are the narrative structures through which we understand our lives and through which we value time, AIDS films show us that alternative temporalities do exist; they are, however, necessarily messy, fragmentarily and, above all, temporarily. More often than not, not being able to synchronize with chrononormative structures results in experiences of suffering and distress. Sometimes, however, those alternative temporalities do bring along some queer sense of pleasure to those experimenting with these 'other' structures of time. As an afterthought, I will now take a look at the possibilities present in the idea of 'erotohistoriography',⁴¹³ understood as a very queer way of living with the past.

⁴¹¹ Freeman, *Time binds*, 4-5.

⁴¹² *Ibidem*, 3.

⁴¹³ *Ibidem*, 95.

4.1 Afterthoughts

While several of the temporalities mentioned above challenge normative narratives with regards to HIV/AIDS and/or queerness, I still feel that something is missing. What about the viewer's own temporality? Watching a challenging body of films can be enriching, but rarely interrupts the viewer's experience of time – or does it? As an afterthought, I wish to turn my attention to the difficult question in what kind of temporality the viewer 'meets' the realities visualized in the films; a question which has followed me, indeed, which has *haunted* me throughout the process of researching and writing this thesis. I will use the notion of 'haunting time' to understand those moments in AIDS films where the visualization of life with HIV/AIDS touches the present. Drawing on Jacques Derrida's multipurpose term 'hauntology',⁴¹⁴ 'haunting time', according to queer theorist Elizabeth Freeman, can be understood as a queer alternative for official and 'readable' ways of mourning, focused more on 'sensory [than on] cognitive modes of apprehending history'.⁴¹⁵

In the first place, AIDS films as a whole, especially those created by and for a queer audience, are haunted by the deaths of their filmmakers and of their loved ones. As elaborated above in §3.3.4 'Queer historical culture', especially *House of Boys*, *Plaire, aimer et courir vite*, and *120 BPM* are films that are haunted by a combination of (AIDS-related) footage and references to (the loss of) a rich queer culture. *House of Boys* is explicitly dedicated, at the beginning: 'For Frankie (1967-1995)', which immediately communicates the relevance of the following film. By using a diversity of references and footage, those films explicitly mingle different temporalities and, in doing so, 'intervene on the historical condition of seeing itself'.⁴¹⁶ Indeed, as Freeman suggests, the 'vision of time as seamless, unified, and forward moving' gets problematized by the use of footage and multi-layered, cross-medium references to other cultural products and artists.⁴¹⁷ Viewers are reminded that AIDS is not simply a fictional narrative, but has long-lasting consequences 'in the real world'.

Characters in AIDS films sometimes are haunted as well, as I have already discussed in §3.3.3 'Temporality of dirt' with regards to a scene in *120 BPM*. There, historical forms of

⁴¹⁴ Jacques Derrida, *Spectres de Marx: l'état de la dette, le travail du deuil et la nouvelle Internationale* (Paris 1993). Derrida's concept refers to the deconstructivist idea that in language, there is no point of pure origin; instead, any element of language already depends on, and is haunted by, a structure of interdependent terms. However, Derrida's concept is used in many different contexts with a whole range of divergent definitions.

⁴¹⁵ Freeman, *Time binds*, 95.

⁴¹⁶ *Ibidem*, xviii.

⁴¹⁷ *Ibidem*, xxii.

knowledge and activism suffused the minds and lives of queer activism; the haunting itself was, however, not problematized. As elaborated in §3.2.3 'Mythical and religious tropes', *Angels in America* does problematize the complex ways in which characters are haunted by their personal and cultural pasts. Regarding the quote with which this conclusion opens, main character Prior foregrounds his illness symptoms when meeting his ex-partner Louis in order to address the latter's bad conscience, thus 'haunting' the other in an ironic, playful embrace of his own illness symptoms. AIDS, here, symbolizes the cultural and political subconscious, haunting the population at large with uncomfortable, hidden truths.

Queer theorist Heather Love imagines 'a queer ethics of historical practice, a willingness to live with ghosts and to remember the most painful (...) stories. (...) Turning back toward them seems essential, but it also demands something that is, in the end, more difficult: allowing them to turn their backs on us.'⁴¹⁸ The latter point is at stake in *Plaire, aimer et courir vite*, where Jacques's dead ex-lover is partly with him, partly not: Jacques starts crying when this dead, but still alluring body disappears from his present, leaving him alone with his suffering. Jacques *longs* to be haunted; the (queer) past is a comfort to him, as we have seen in §4.3.2, 'Queer historical culture'. I here draw on Freeman's notion of 'erotohistoriography', which is 'distinct from the desire for a fully present past, a restoration of bygone times. Erotohistoriography does not write the lost object into the present so much as encounter it already in the present, by treating the present itself as hybrid. And it uses the body as a tool to effect, figure, or perform that encounter. Erotohistoriography admits that contact with historical materials can be precipitated by particular bodily dispositions'.⁴¹⁹ In this scene, the 'particular bodily disposition' of physical suffering temporarily bridges the gap between Jacques and his dead ex-lover; pain indeed blurs boundaries, as I have discussed at length in §3.4.2. However, as Heather Love suggests, it is difficult to 'consider the potential resistance of [queer historical] figures to the touch of contemporary queer historians', as well as to the touch of other queer people longing for affective relations with the past.⁴²⁰ While his bodily experiences can temporarily blur the distance between past and present, Jacques still is 'on the other side' and can, in the end, not bear this persistent distance, finally deciding to bridge it by taking his own life.

A last example of haunting time in AIDS film further draws on this idea of erotohistoriography and, in doing so, challenges the linear conception of time by strongly

⁴¹⁸ Love, *Feeling backward*, 43.

⁴¹⁹ Freeman, *Time binds*, 95.

⁴²⁰ Love, *Feeling backward*, 39-40.

connecting the viewer's time with the temporality created in the course of the film's narrative, thus providing an answer to my lingering question as to *when* the viewer and film meet each other. I will discuss one particular scene at the end of *120 BPM*.⁴²¹ Immediately after Sean has died, his lover Nathan asks another ACT UP-member, Thibault, to stay the night with him. A stunned Thibault asks if he wants to have sex: 'of course', is Nathan's answer, after which he looks straight in the camera.

While a film's viewer is absorbed by the happenings on the screen and is only partly aware of the other structuring of time his actual body lives in, this stare into the camera of Nathan suddenly interrupts this 'normal' state of absorbed consciousness and thus breaks the fourth wall. The viewer, now, is constructed *as viewer*: the temporal gap between the fictional, lived time of the characters and of the passively observed lived time of the viewer's own body is both revealed and bridged. Film-as-a-medium becomes visible, with all the different temporalities it evokes: the time in which the story happens, the time in which the actors interact and the time in which the viewer experiences the film are all 'touched' by Nathan's look into the camera. The normativity of the understanding of time as linear is revealed as well: the viewer's moral judgement focusses on Nathan's rejection of a normative, linear sense of mourning while highlighting his choice for a cyclical temporality in which everything will happen again and again, including his love affairs with HIV-positive men.

It is at this point that *120 BPM* creates a unique, relational temporality: gathering together the lived time of both character, actor and viewer while revealing the moralistic aspects of the meanings attributed to certain understandings of time, this scene transcends the empathy that other films evoke as a temporal effect – an empathy which is addressed exclusively to the sealed-off time in which the story is enacted without actually affecting the lived present of the viewer.⁴²² In *120 BPM*, I am seen by history. While the activists, in the very last scene, effuse Sean's ashes on the food of people from a health insurance company (see §3.3.3 'Temporality of dirt'), thus fertilizing them with a past they would rather ignore, the viewer is, in a way, also fertilized by history.

While every AIDS film visualizes and communicates certain temporalities that are unique to the experience of living with (the risk of) HIV/AIDS, only a handful of them manage to haunt the viewer, thus enriching our present with problematic, non-linear, lingering

⁴²¹ *120 BPM*, 02:11:05-02:11:20.

⁴²² Judith Butler, *Notes toward a performative theory of assembly* (herz. paperbackeditie, 3^{de} druk; Cambridge, MA en Londen 2018 [2015]) 104-105.

temporalities. They suggest that history is never over, but is rather something at once tactile and narrative; something that may touch the viewer's present.

Summary

The majority of queer scholars studying the AIDS crisis tend to take being sick as always already a socially mediated condition; such politically sensitive analyses primarily aim to disclose the normative structures informing HIV/AIDS. In this thesis, I suggest that the lived experience of HIV/AIDS is also about biological processes which cannot always be understood through a social/political analysis. I thus use both queer studies and medical humanities theories on the lived experience of chronic diseases as theoretical framework. Applying this framework on feature films about HIV/AIDS enables me to analyze the rich temporal dimensions that can be found in this corpus, which conveys temporality in medium-specific ways. I suggest that feature films enable the viewer to interpret the whole film, understood as the combination of camera movement, montage and narrative, as the transformed, accessible perception of the characters. In chapter 2, I distinguish two main causes for conflicting temporalities in AIDS films regarding infection with HIV. First, the impossibility to determine (retrospectively) the moment of infection with HIV, which often results in conflicting ways of dealing with temporality. Secondly, films relate differently to the lost culture of sexual possibility of pre-AIDS crisis time, showing how an individual or collective sexual past can either be rejected or reactivated in the present. When it comes to the time in which the illness itself is experienced and reflected upon (chapter 3), temporalities become even more complex. I elaborate on how the experience of physical pain because of AIDS-related illnesses is visualized in AIDS films; the 'suspended animation' (§3.3.2) of 'stagnated suffering' (§3.4.1), in particular, caught my attention. Especially present-day filmmakers working outside of Hollywood manage to create phenomenologically poignant scenes where the complex temporalities of suffering are visualized. All of those aspects of living with HIV/AIDS oppose, in their particular way, what Elizabeth Freeman has called 'chrononormative' structures that favour heteronormative and capitalist temporalities.⁴²³ AIDS films tend to visualize time in such a way that chrononormative structures become visible as not just 'ordinary bodily tempos and routines',⁴²⁴ but as normative power structures that do not favour those who are ill, queer, or both. AIDS films show that alternative, non-normative temporalities do exist; those queer temporalities all share, however, a fragmentarily and, above all, temporarily character.

⁴²³ Freeman, *Time binds*, 4-5.

⁴²⁴ *Ibidem*, 3.

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